

Name
in
Full

Martha Ellen Anders.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>February</i>	Day <i>2</i>	Age <i>52</i>	Months <i>7</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New Windsor Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George C. Anders.</i>				
Father's Name <i>Samuel Ecker.</i>	Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name <i>Susanna Ecker</i>	Mother's Birthplace <i>Carroll Co.</i>				
Name of person giving information <i>George C. Anders</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis.* How long *About 7 years.*

Immediate *Exhaustion.*

Are the name, age, sex, color, date and place correctly given above?

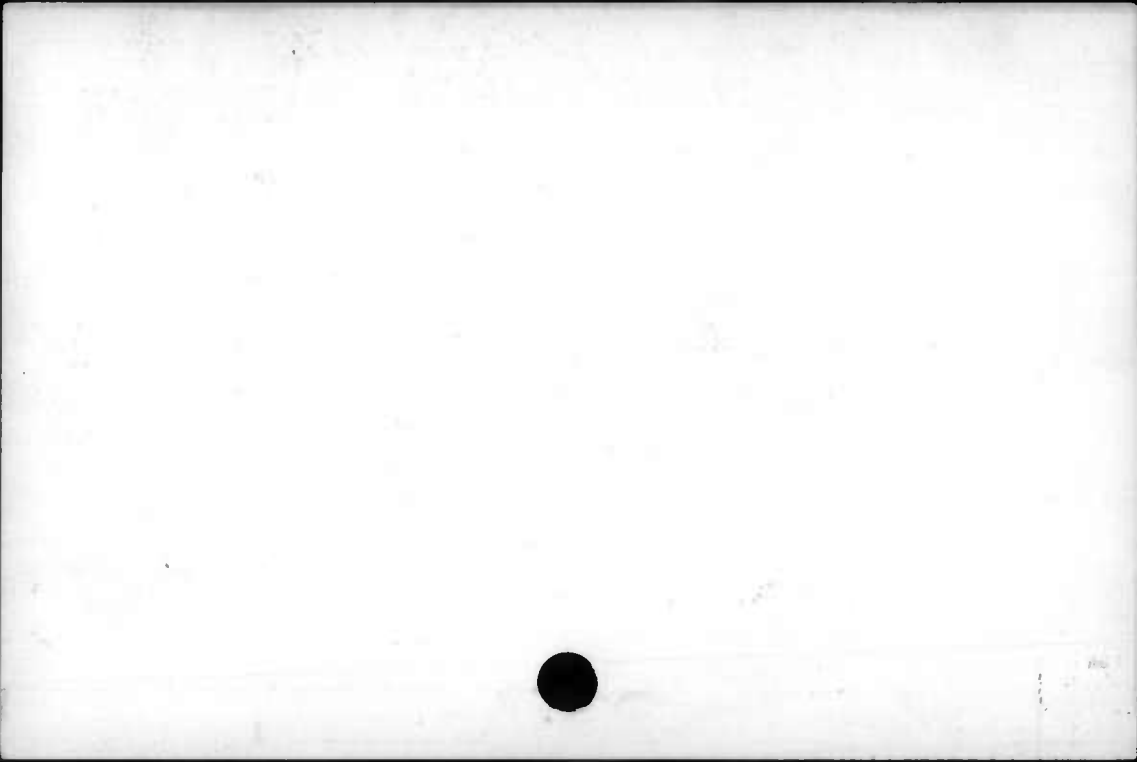
Signature of Physician

Address

2
Sterling Yeatts
New Windsor
Carroll Co., - Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Leister Sterling Arbaugh

no 141
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Town County

Died at Westminster Carroll

MARYLAND

Date of death 1907 Feb 1 Age — Months 5 Days 21

Sex male Color or Race white Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameWilliam S ArbaughFather's
BirthplaceMarylandMother's
Maiden NameAnnie R WillhiteMother's
Birthplace11Name of person giving
In formationWm S ArbaughHow related
to deceasedFather

CAUSES OF DEATH

Primary

Inanition

How long

4 weeks

Immediate

How long

—Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

Jos. J. Fleming
Westminster

Accident or Suicide?

no

Thompson

3.

4th

17th

d

Name

in
Full

George H. Baker

CERTIFICATE OF DEATH

Died at ^{Town} *Taylorville*^{County} *Carroll*

MARYLAND

Date of death 190 ^{Month} *7* ^{Day} *2* ^{Age} *74* ^{Years} *2* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Married* Occupation *Farmer*Name of Wife or Husband *Mary E. Baker*Father's Name *Sam'l. J. Baker (deceased)* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *" "*Name of person giving information *Mary E. Baker* How related to deceased *Wife*

CAUSES OF DEATH

Primary *La. Grippe* How long *two weeks*Immediate *Cardiac exhaustion* How long *twenty four hours*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. T. Carroll*Address *Mt-Airy Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Taylorsville

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Union Mills

Town

County

Date

of death 1907

Month

2

Day

11

Years

86

Age

Months

10

Days

19

Sex

Male

Color or
Race

White

Birth-
place

Panola Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

John Bankert

Father's
Birthplace

Leafield Co.

Mother's
Maiden Name

Gawesdyngling

Mother's
Birthplace

Panola Co.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Complication of diseases

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. Lewis Wetzel, M.D.

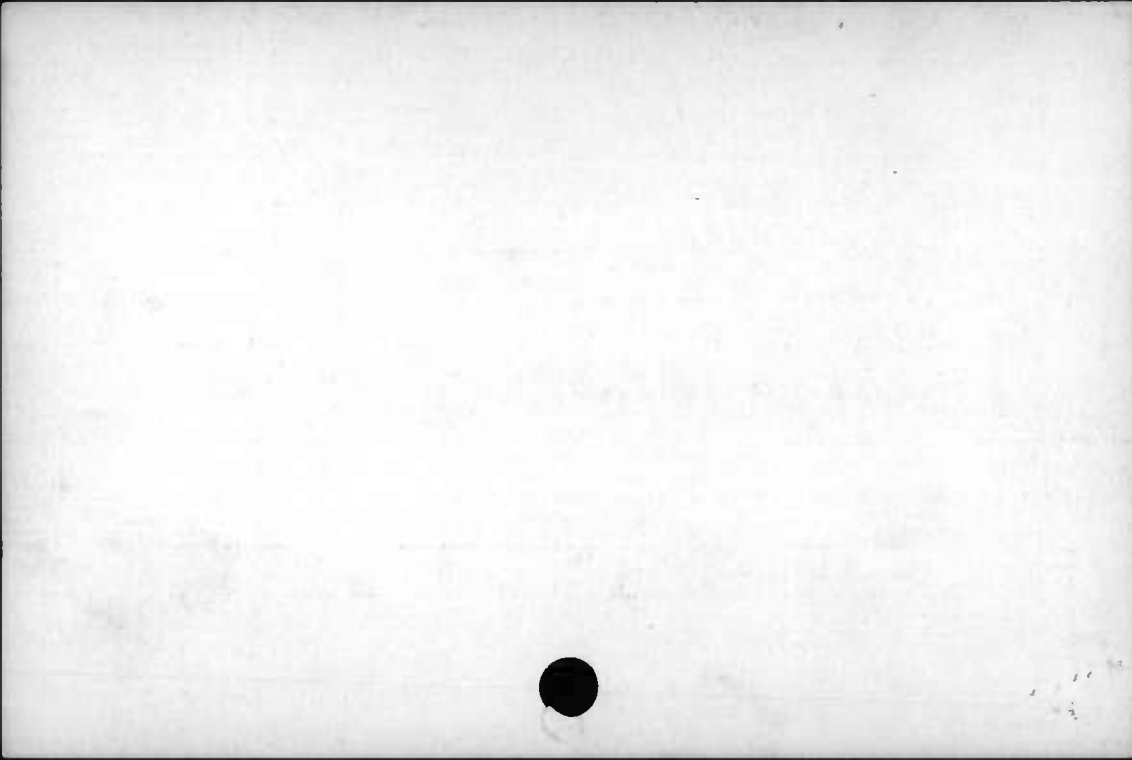
Address

Union Mills

Ind.

Accident or Suicide?

PHYSICIAN
OR
CORONER



Name
in
Full

Susan Banblitz

CERTIFICATE OF DEATH

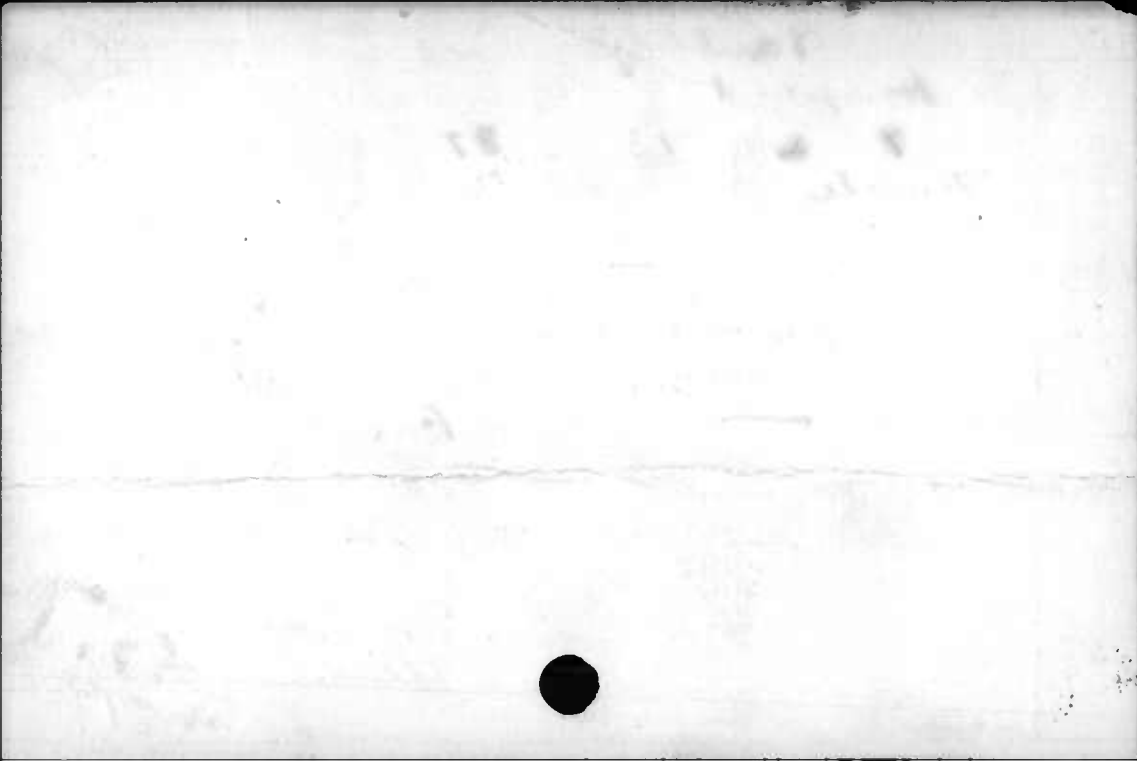
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u>		County <u>Carroll</u>		MARYLAND	
Date of death	190 <u>7</u>	Month <u>2</u>	Day <u>13</u>	Age <u>87</u>	Months <u>2</u> Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>		
Occupation <u>House Keeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Banblitz</u>				
Father's Name <u>Joseph Lamson</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Barbary Rhule</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Thos Schauer Bros</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <u>La Grippe + Influenza of age</u>	How long <u>2 weeks</u>
Immediate <u>Heart Failure</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. M. Rest, M.D.</u>
	Address <u>Beckleyville, Ind.</u>
Accident or Suicide?	



Name in Full		In 147		CERTIFICATE OF DEATH	
Jesse Bollinger		Tatapsco		Carroll	
Died at		Town		County	
Date of death 190		Month		Days	
1		Feb		29	
Age		Years		Months	
68		9		29	
Sex		Color or Race		Birth-place	
Male		White		Pa	
Married, Single or Widowed		Occupation			
Married		Carpenter			
Name of Wife or Husband					
Margaret E. Casle					
Father's Name		Father's Birthplace			
Don't Know		Mother's Birthplace			
Mother's Maiden Name		How related to deceased			
Don't Know		Wife			
Name of person giving information					
Margaret E. Bollinger					
CAUSES OF DEATH					
Primary		How long			
Pneumonia		2 days			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Address			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Pleasant Grove Cemetery...

Name
in
Full

Henry Harrison Brough.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i> ^{Town}		<i>Canall</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Feb</i> ^{Day}	<i>6</i> ^{Years}	<i>67</i> ^{Months}	<i>24</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pennsylvania</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Alice S. Brough</i>		
Father's Name	<i>David Brough</i>		Father's Birthplace	<i>Pennsylvania</i>	
Mother's Maiden Name	<i>Mary Knight</i>		Mother's Birthplace	<i>Pennsylvania</i>	
Name of person giving information	<i>Alice S. Brough</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

Primary	<i>Chronic Diffuse Nephritis</i>	How long	<i>About 3 years</i>
Immediate	<i>Uremia</i>	How long	<i>5 days</i>

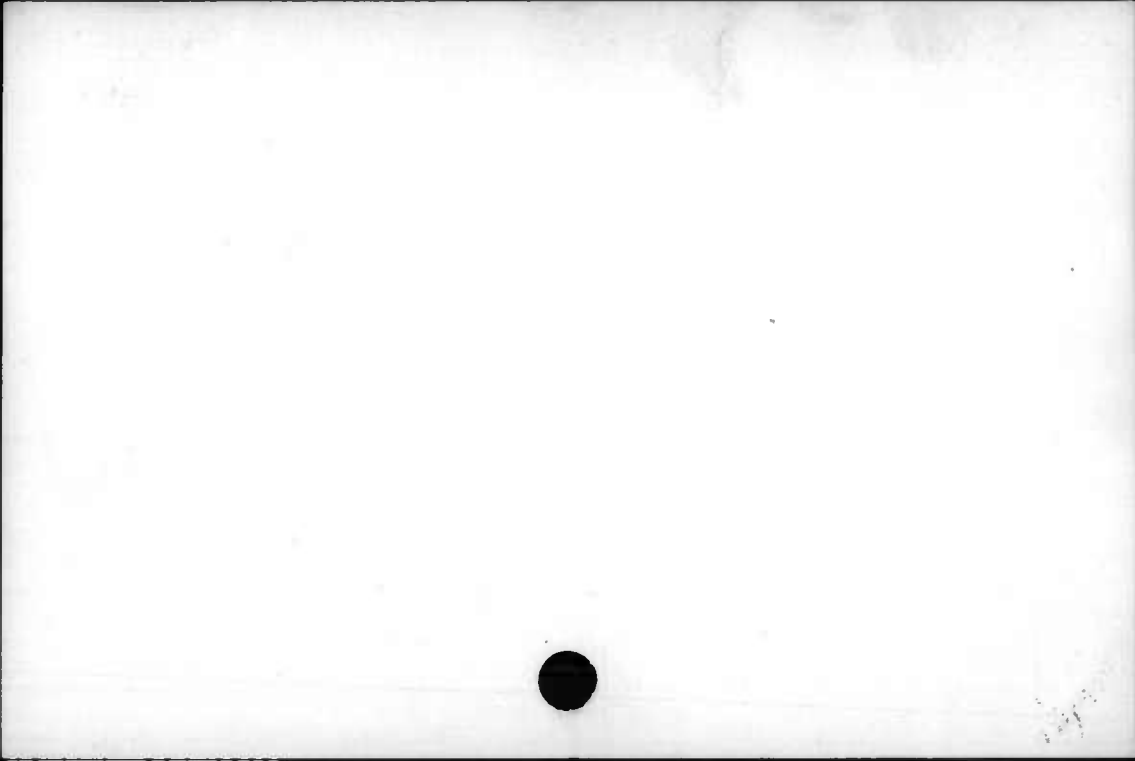
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

Herbert Heatty M.D.
New Windsor
Corwall Co Md.

Accident or Suicide?



CERTIFICATE OF DEATH

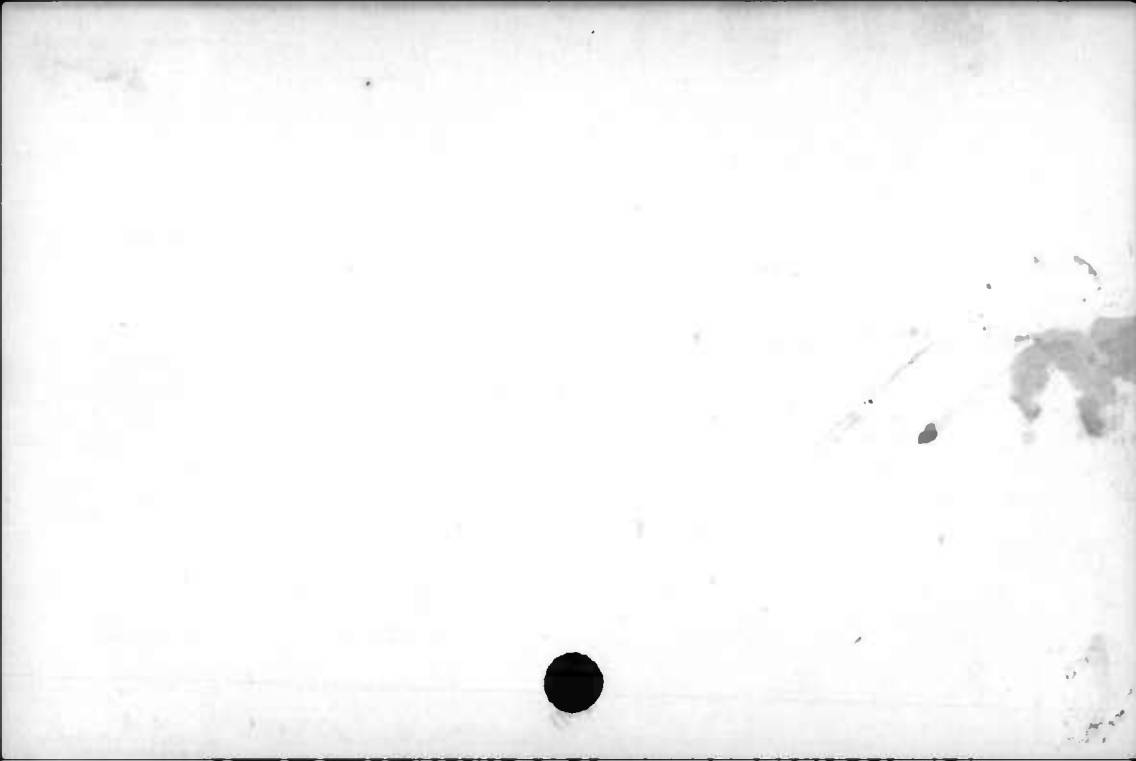
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taneytown</u>		County <u>learnoll</u>		MARYLAND	
Date of death	<u>1907</u>	Month <u>2</u>	Day <u>7</u>	Age <u>87</u>	Months <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Juniata Co. Pa.</u>		
Occupation <u>House-wife</u>	Where Residing if not at place of death <u>Wm. Penhaker</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm. Penhaker</u>				
Father's Name <u>John Kepner</u>	Father's Birthplace <u>Juniata Co. Pa.</u>				
Mother's Maiden Name <u>Elizabeth Loy</u>	Mother's Birthplace <u>Pennsler. Pa.</u>				
Name of person giving information <u>Wm. Penhaker</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
R CORONER

Primary	old age	How long	—
Immediate	Grip	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. B. Davis
		Address	Jamez town
Accident or Suicide?			



Name
in
Full

Isabel B. Burch

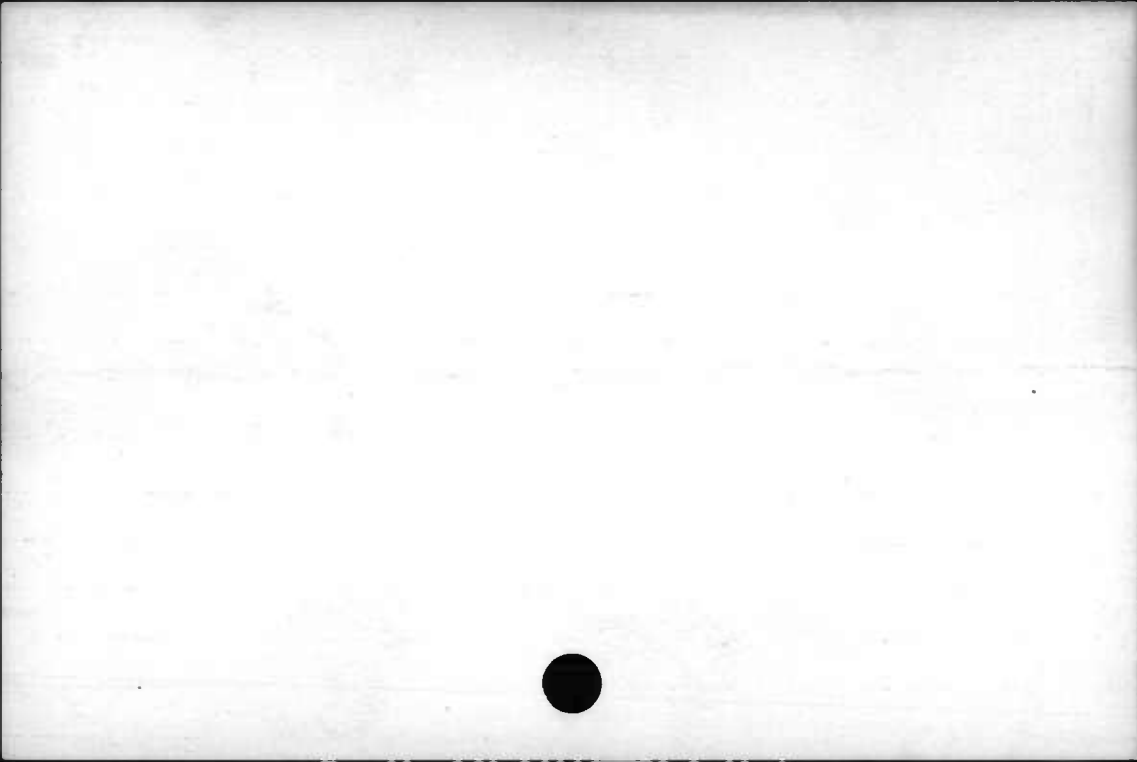
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>2nd</i>	Age <i>56</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death -				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. A. Burch</i>					
Father's Name <i>E. Shepperson</i>			Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Susan Howard</i>			Mother's Birthplace <i>Va</i>				
Name of person giving information <i>J. A. Burch</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>General Paresis</i>	How long <i>Over 2 years</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital, Lykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Lydia Christine Birche

No 150
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>16</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co Md</i>		Months <i>6</i> Days <i>11</i>	
Occupation <i>Nurse</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>David Birche</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Lydia Rudolph</i>		Mother's Birthplace					
Name of person giving information <i>Mrs Henry Vandy</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>Don't know</i>
Immediate	<i>Uremia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. Woodward</i>	
Address <i>Westminster Md</i>			
Accident or Suicide? <i>No</i>			

St Benjamin's Cemetery
Stoner.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

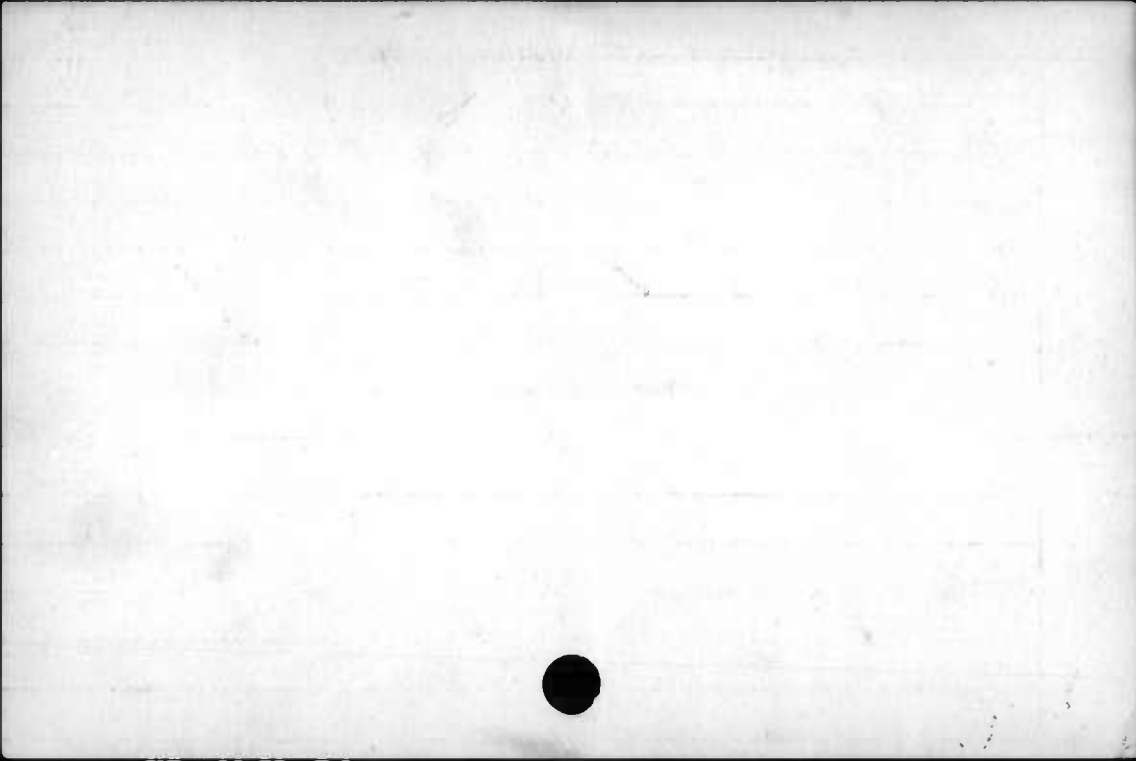
Died at <i>Mt Airy</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907 Feb. 1907</i>		Age <i>81</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Near Mt Airy</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Mt Airy Carroll co</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Thomas Ruben Glary</i>				
Father's Name <i>Richard Brashear</i>	Father's Birthplace <i>Carroll co</i>				
Mother's Maiden Name <i>Nuley Glary</i>	Mother's Birthplace <i>Carroll co</i>				
Name of person giving information <i>Mrs Henry Glary</i>		How related to deceased <i>Daughter-in-Law</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Lagripse Prostration</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David M. Devilbiss</i>
<i>Woodville, Ark.</i>	Address <i>County Md.</i>
Accident or Suicide? <i>Known Prostration Natural Cause</i>	



Name in Full Gustavus W Crafster		149 CERTIFICATE OF DEATH	
Town Westminster		County Carroll	
Died at Westminster		MARYLAND	
Date of death 190	Month Feb	Day 15	Age 84
Sex Male	Color or Race White	Months 10	Days 10
Married, Single or Widowed Married	Occupation	Birth-place Maryland	
Name of Wife or Husband Mary A Crafster		Father's Name Basile Crafster	Father's Birthplace Maryland
Mother's Maiden Name Hannett Correy Watkins		Mother's Birthplace Ko	
Name of person giving information Mary A Crafster		How related to deceased Wife	
CAUSES OF DEATH			
Primary Pneumonia	How long 3 or 4		
Immediate '	How long '		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician D. F. Shipley, M.D.	Address Westminster, Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Westminster Cemetery

Name
in
Full

Ella Leross

No 42
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>Feb.</u> ^{Day} <u>1</u>	Age	<u>32</u> ^{Years}	<u>1</u> ^{Months}	<u>4</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Carroll Co Md</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Isaac Leross</u>		
Father's Name	<u>Joseph Knott</u>	Father's Birthplace	<u>Virginia</u>		
Mother's Maiden Name	<u>Ann Ireland</u>	Mother's Birthplace	<u>Carroll Co Md</u>		
Name of person giving information	<u>Isaac Leross</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	<u>one week</u>
Immediate	<u>"</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. Batt</u>
		Address	<u>Westminster Md</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER

Western Chapel Cemetery.
Stouev

Name
in
Full

CERTIFICATE OF DEATH

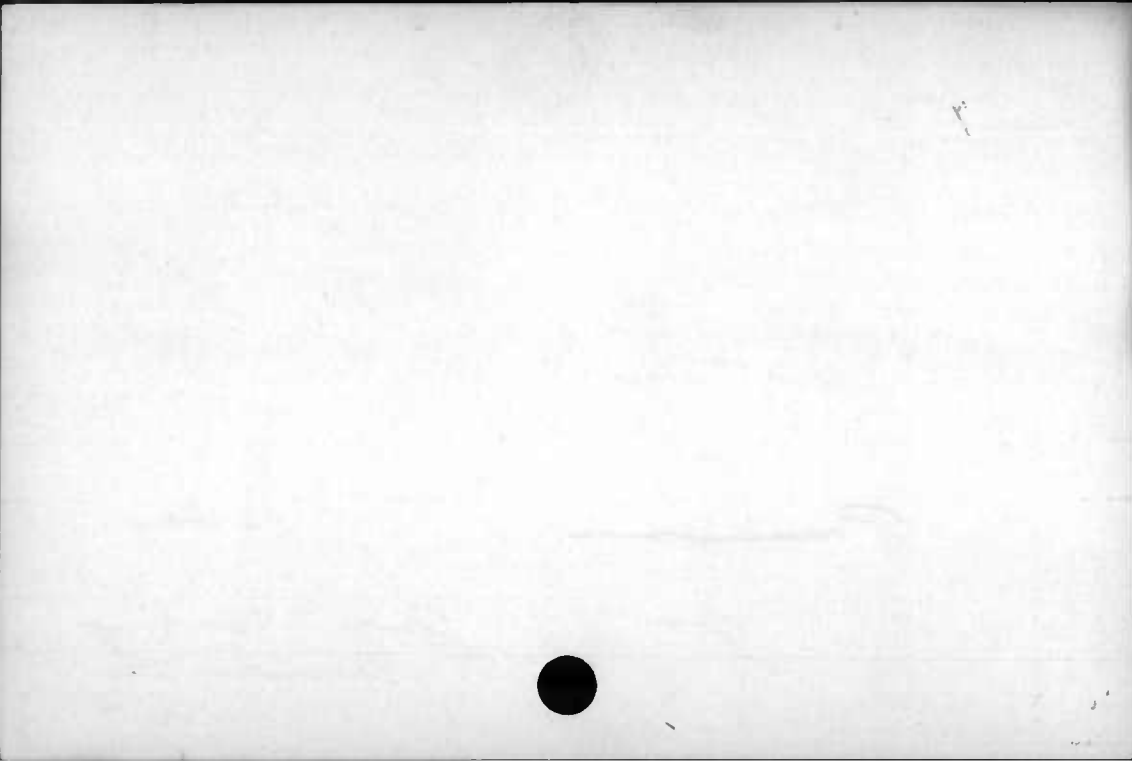
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R. Diggs</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>14</i>		Years <i>36</i>	
Date of death		<i>1907</i>		Age		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Days <i>12</i>	
Occupation <i>Salesman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mollie C Diggs</i>					
Father's Name <i>William Diggs</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General paresis</i>	How long <i>4 1/2 yrs.</i>
Immediate <i>Central Congestion</i>	How long <i>about 9 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Andrew Drechsler

No 143
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Carrollton		^{County} Carroll		MARYLAND	
Date of death	1907	Month	Feb.	Day	9
Sex		Male		Color or Race	White
Occupation				Birth-place	Carroll Co. Md
Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Lewis. H. Drechsler		Father's Birthplace	
Mother's Maiden Name		Laura. E. Helose		Mother's Birthplace	
Name of person giving information		Laura. E. Drechsler		How related to deceased	
				Mother	

CAUSES OF DEATH

Primary	Pneumonia	How long	2 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Fleming	
Address		Western	
Accident or Suicide?		No	

PHYSICIAN
OR CORONER

1

Sisters Cemetery
Stoner

Name
in
Full

Mary Ida Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i>		Town <i>Daniel</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	2	Day	16	Age	29
Sex	Female		Color or Race	Colored		Birth-place	Carroll Co. Md.
Occupation	House wife			Where Residing if not at place of death <i>near Daniel Co. Md.</i>			
Married, Single or Widowed	Married		Name of Wife or Husband <i>George. F. Dutton</i>				
Father's Name	<i>Saml. Shepard</i>				Father's Birthplace <i>Howard Co. Md.</i>		
Mother's Maiden Name	<i>Charlotte G. Dorsey</i>				Mother's Birthplace <i>Washington Co. Md.</i>		
Name of person giving information	<i>Geo. F. Dutton</i>				How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>1 yr</i>
Immediate	<i>" "</i>		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>E. D. Levitt</i>	
			Address <i>Winfield</i>	
Accident or Suicide?				

PHYSICIAN
OR CORONER

1

White Rock

Name
in
Full

Hilda Elliot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Taneytown* ^{Town}*Carroll* ^{County}Date of death *1907* ^{Month} *2*Day *2*Age *12* ^{Years}Months *2*Days *18*Sex *Female*Color or
Race*White*Birth
place*Ind*

Occupation

*None*Where Residing if not
at place of death~~Married~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*Charles Elliot*Father's
Birthplace*Ind*Mother's
Maiden Name*Mollie Brass*Mother's
Birthplace*Ind*Name of person giving
Information*C. A. Elliot*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Ripthoria

How long

36 hours

Immediate

General Infection

How long

*12 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Charles E. Roop*

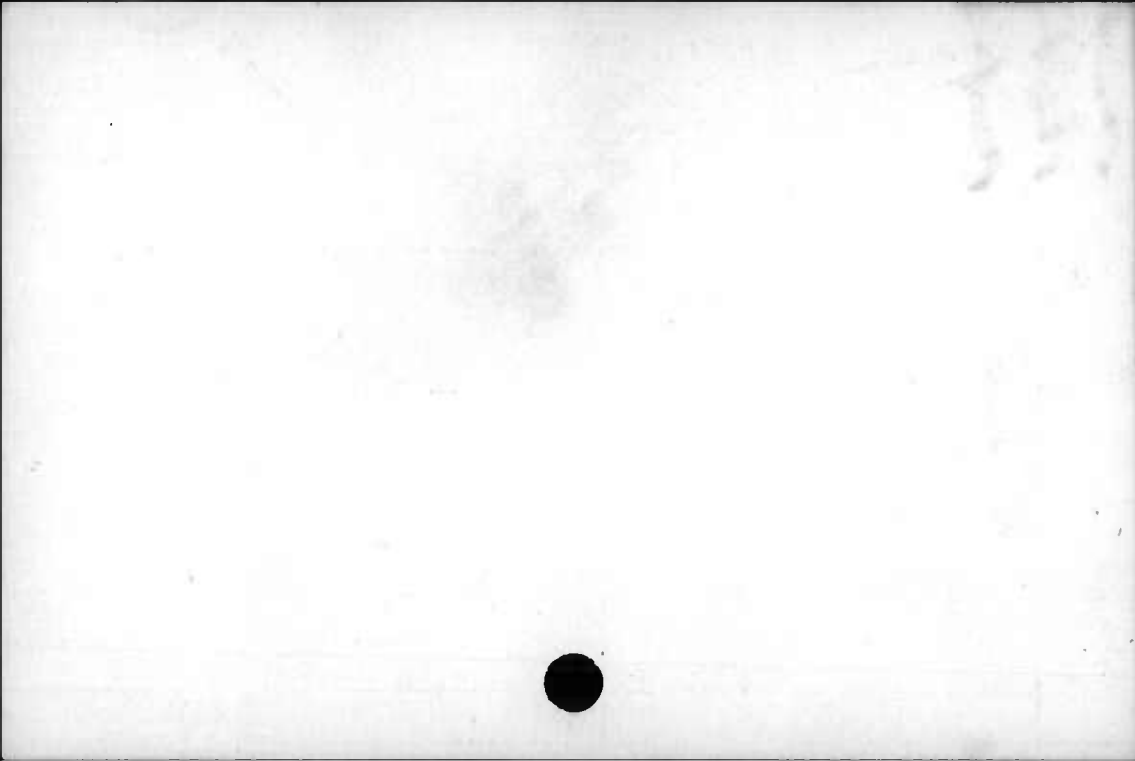
Address

*Taneytown**Ind.*

Accident or Suicide?

PHYSICIAN
OR CORONER

①



Name
in
Full

CERTIFICATE OF DEATH

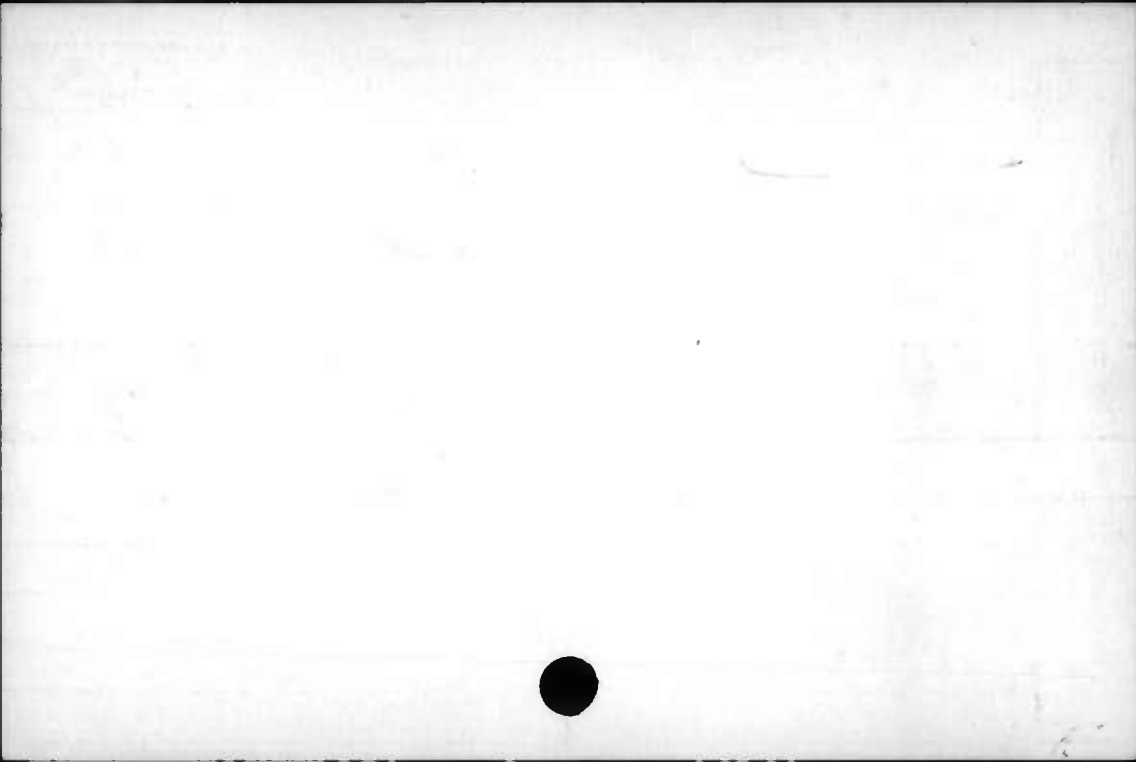
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i>		Town <i>Canal</i>		County		MARYLAND	
Date of death	1907	Month	2	Day	4	Age	79
Sex	Male	Color or Race	White	Months	2	Days	18
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name	Don't know			Father's Birthplace			
Mother's Maiden Name	"			Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>5 years</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Richardson</i>		
	Address <i>Hampstead</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keysoille</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907 July 27</i>		Age <i>79</i> Years		<i>38</i> Months <i>26</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ladysburg-Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Baetzer Fox</i>		Father's Birthplace <i>Unknown in Germany</i>			
Mother's Maiden Name <i>Naney Fogle</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>George Fox</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>5 weeks</i>
Immediate <i>Gastritis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. S. Diller</i>
	Address <i>Deton. Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Augusta H. Frank.

CERTIFICATE OF DEATH

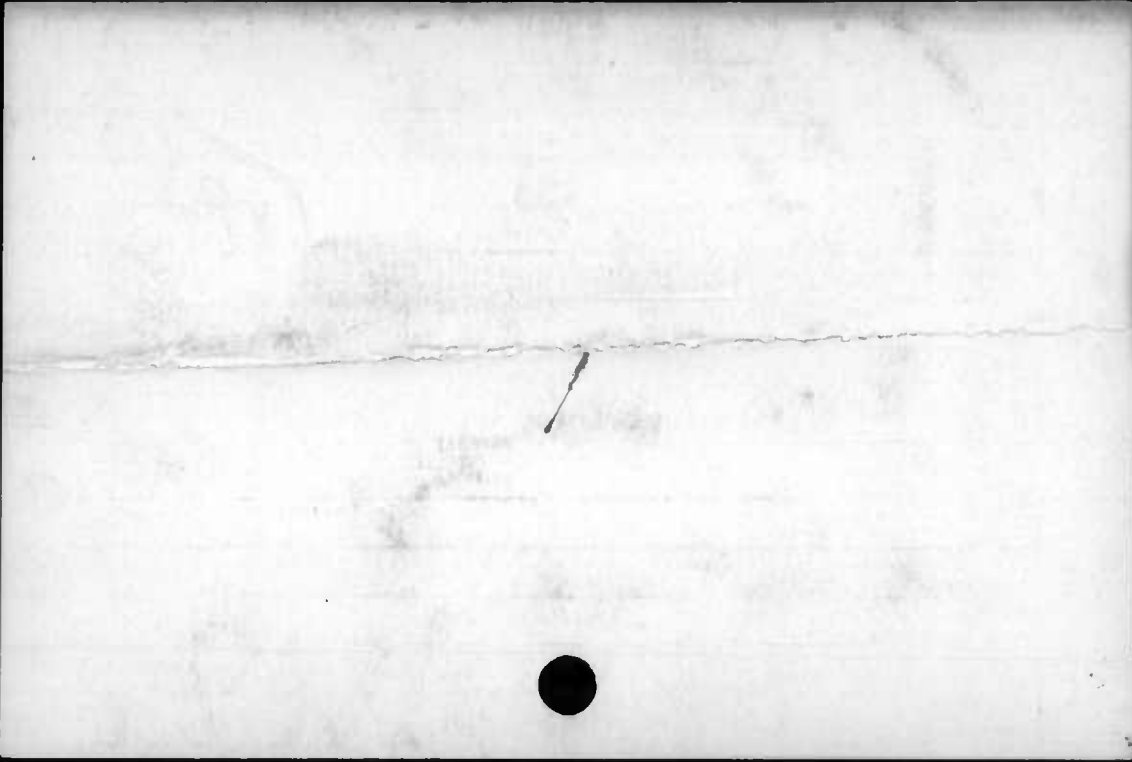
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1907	Month	Feb.	Day	5
Age	81	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	None	Where Residing if not at place of death -			
Married, Single or Widowed	Widow	Name of Wife or Husband -			
Father's Name	-	Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	-	Mother's Birthplace <i>Germany</i>			
Name of person giving information	<i>Mr R. M. Arnold</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	-
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>John Norfolk Morris M.D.</i>	
		Address <i>Springfield Hosp.</i>	
		<i>Sykesville, Carroll Co. Md.</i>	
Accident or Suicide? -			



Name
in
Full

Eleanor Fritz

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lyons

Carroll Co

Date

Month

Day

Years

Months

Days

of death

1907 Feb

2

Age

79

11

12

Sex

Female

Color or
Race

White

Birth-
place

md

Occupation

House maid

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

— Unmarried

Father's
Name

Martha Fritz

Father's
Birthplace

md.

Mother's
Maiden Name

Eleanor Cook

Mother's
Birthplace

Carroll Co

Name of person giving
In formation

Miss Anna Fritz

How related
to deceased

Grand daughter

CAUSES OF DEATH

Primary

Old age

How long

Immediate

Cardiac Failure

How long

One year

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Rinehart M.D.
My address
Carroll Co

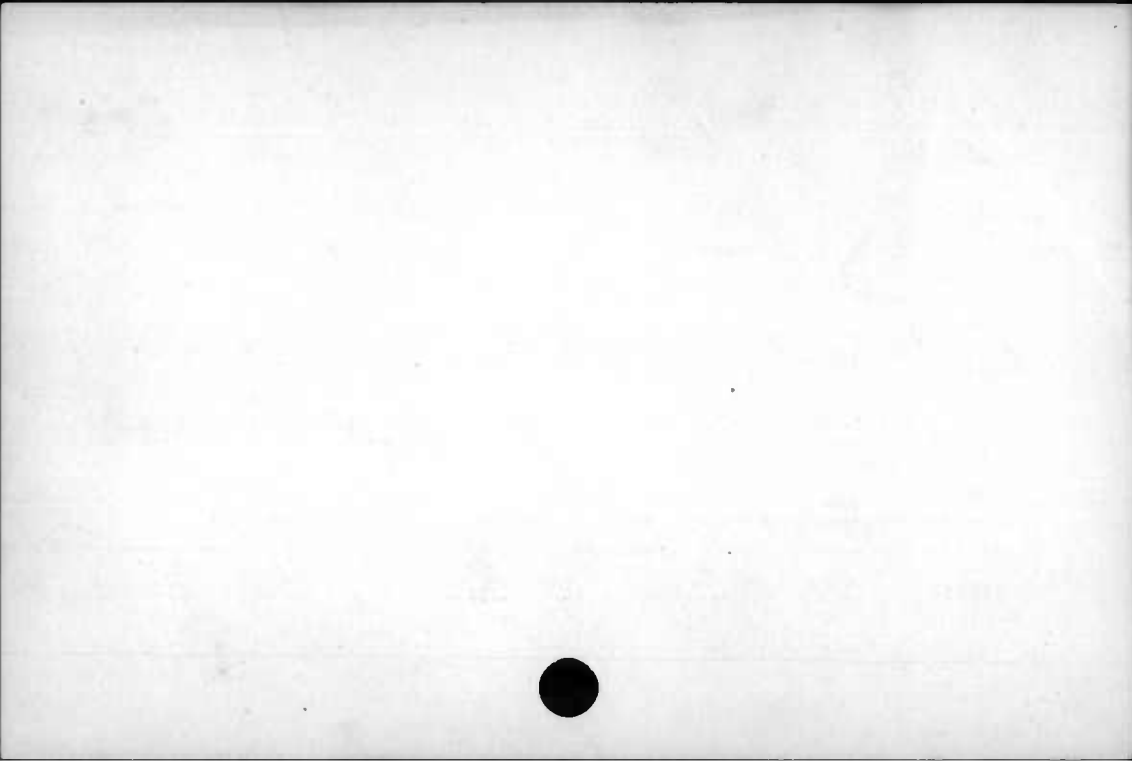
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Catherin Frock

CERTIFICATE OF DEATH

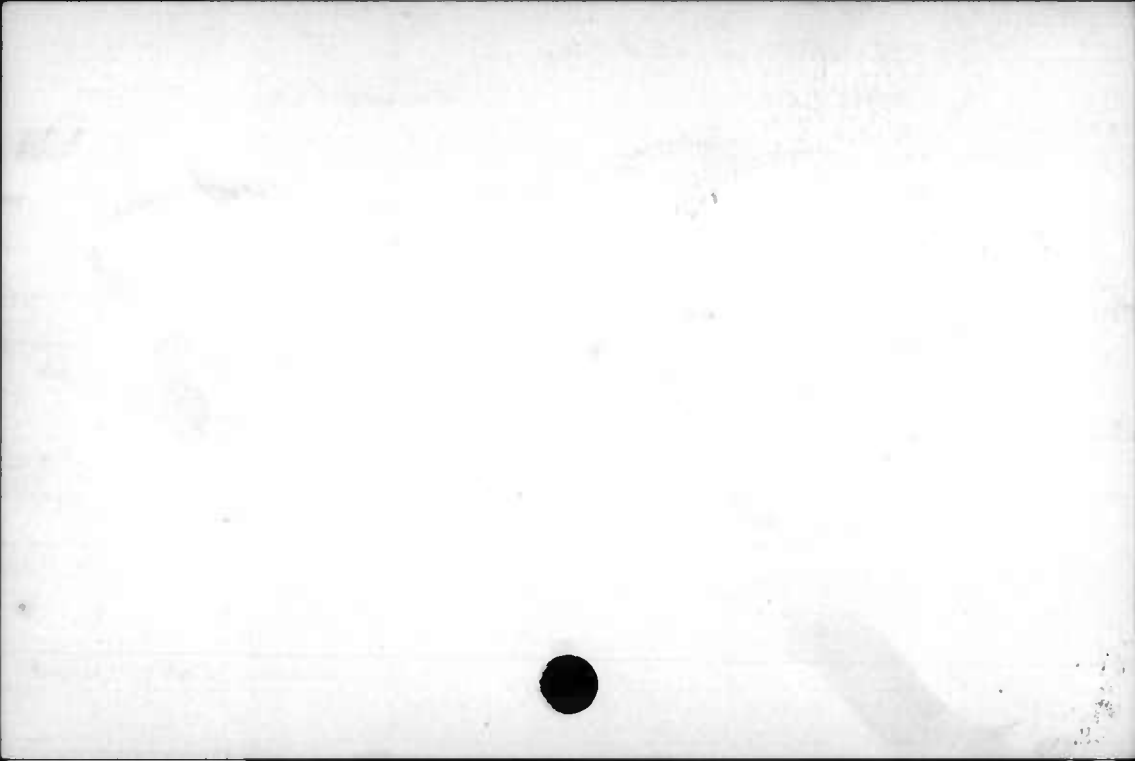
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taneytown</u> ^{Town}		<u>Dist</u> ^{County}		MARYLAND	
Date of death	1907	Month	2	Day	22 nd
Age	73	Years	9	Months	25 th
Sex	Female	Color or Race	White	Birthplace	Ind
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Benjamin Frock	Father's Birthplace	Ind		
Mother's Maiden Name	Catherin Angell	Mother's Birthplace	Ind		
Name of person giving information	Benjamin Hysor	How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	7 days
Immediate	Grippe	How long	7 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Hysor
		Address	Taneytown
Accident or Suicide?			



Name
in
Full

Thomas Garber

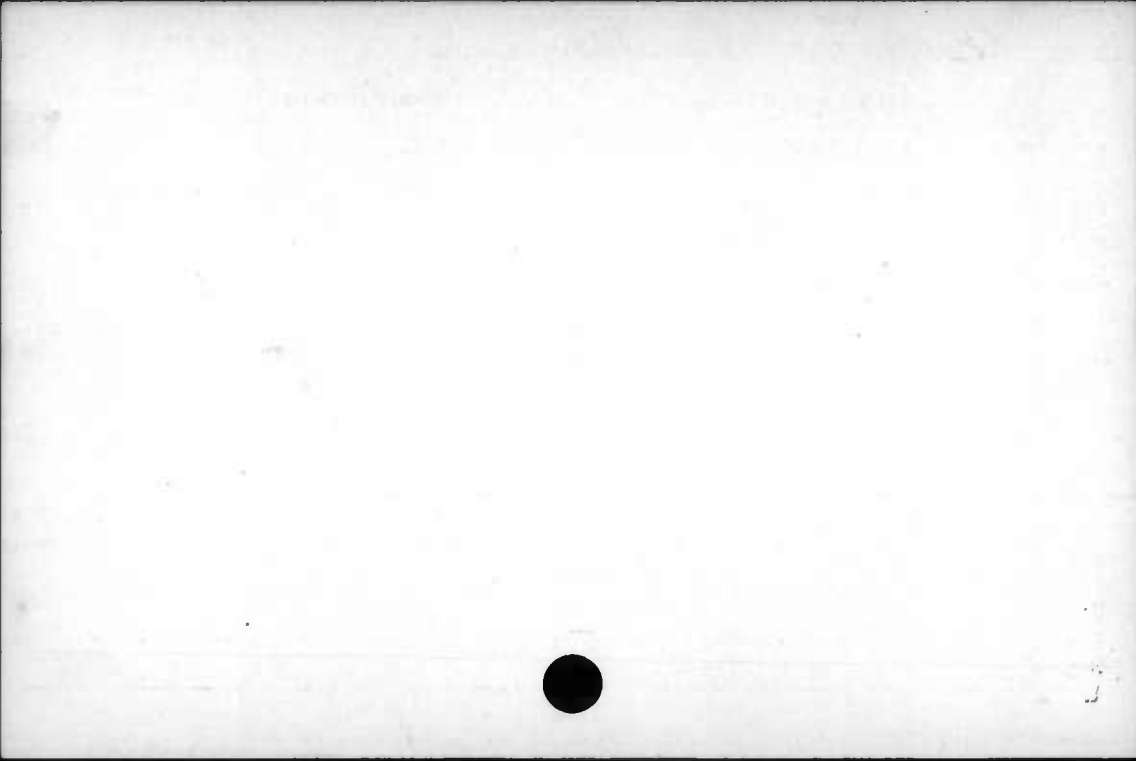
40154
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gaucher</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 190 <u>7</u> <small>Month</small>	<u>Feb</u> <small>Day</small>	<u>23</u> <small>Age</small>	<u>45</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>—</u>			✓		
Father's Name <u>John G Garber</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Hester A Poole</u>			Mother's Birthplace <u>do</u>		
Name of person giving information <u>Mary E Arnold</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 Mo's</u>
Immediate <u>Sepsis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. N. Gonsack M.D.</u>
	Address <u>Finkburg Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

William Glendenning

CERTIFICATE OF DEATH

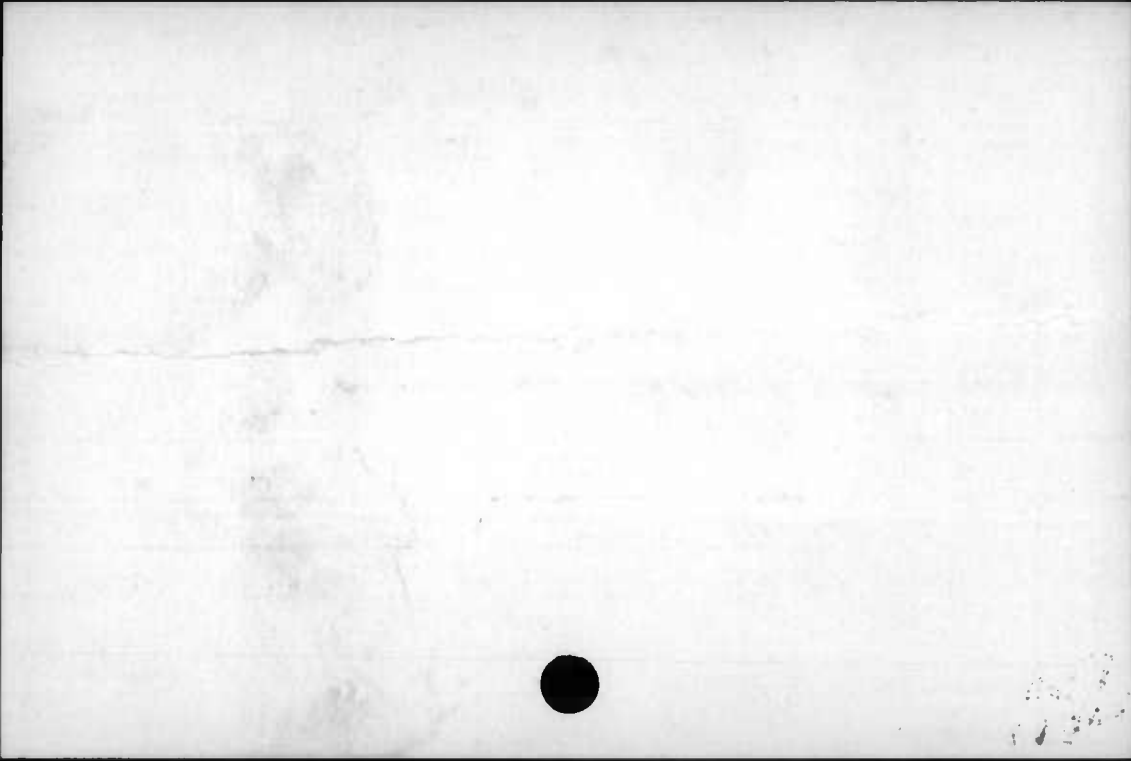
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Feb	Day	25
Age		82		Months	
Sex	male	Color or Race	White	Birth-place	England
Occupation	Shoemaker		Where Residing if not at place of death		
Married or Widowed	Name of Wife or Husband		Unknown		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	..		Mother's Birthplace	..	
Name of person giving information	Hospital records		How related to deceased	✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>10 yrs</i>
Immediate	<i>Pulmonary abscess</i>	How long	<i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Chas. J. Leane</i>	
		Address	
		<i>Sykesville Md.</i>	
Accident or Suicide?			



Name
in
Full

Henry Gohlinghorst

CERTIFICATE OF DEATH

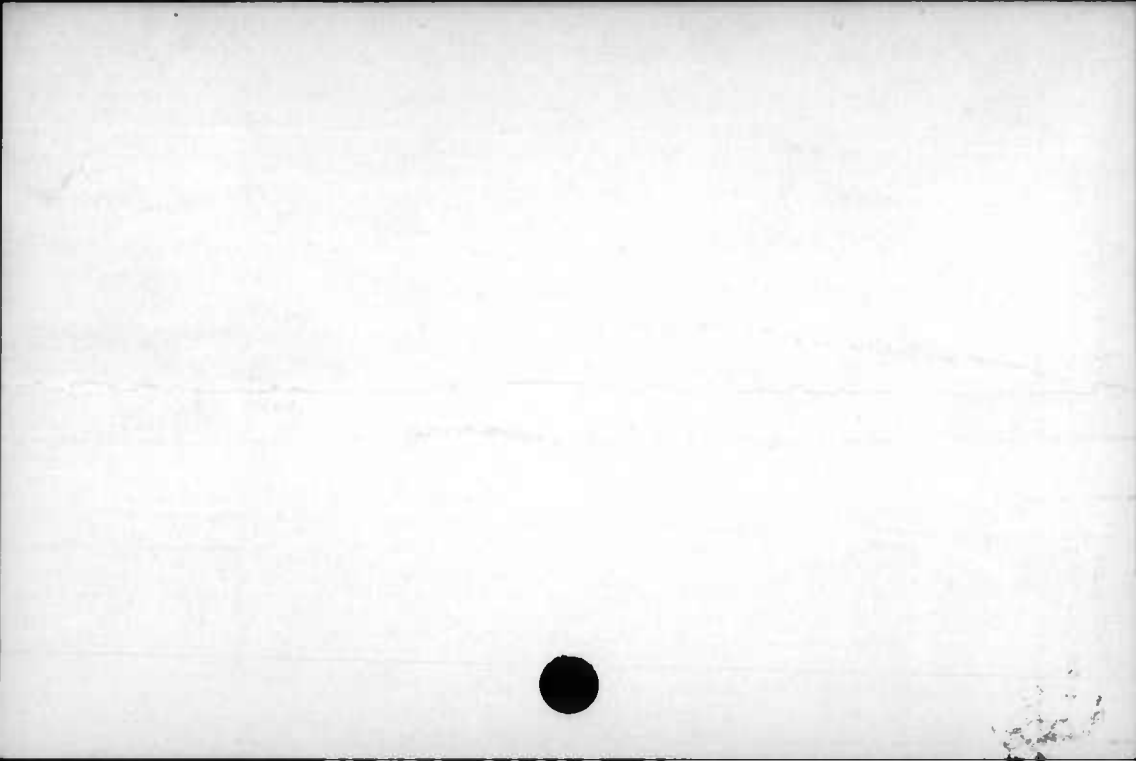
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>Feb.</i>	<i>6</i>	<i>70</i>		
Sex	Color or Race	Birth-place			
<i>Male</i>	<i>White</i>	<i>Germany</i>			
Occupation	Where Residing if not at place of death				
<i>Laborer</i>					
Married, Single or Widowed	Name of Wife or Husband				
	<i>Unknown</i>				
Father's Name	Father's Birthplace				
<i>Herman Gohlinghorst</i>	<i>Germany</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary Koppleman</i>	<i>"</i>				
Name of person giving information	How related to deceased				
<i>Hospital records</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>1 yr.</i>
Immediate	<i>Cerebral congestion</i>	How long	<i>5 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Chas. J. Casey</i>	
		Address	
		<i>Lysleville Md.</i>	
Accident or Suicide?			



Name
in
Full

Lidia A Greenholtz

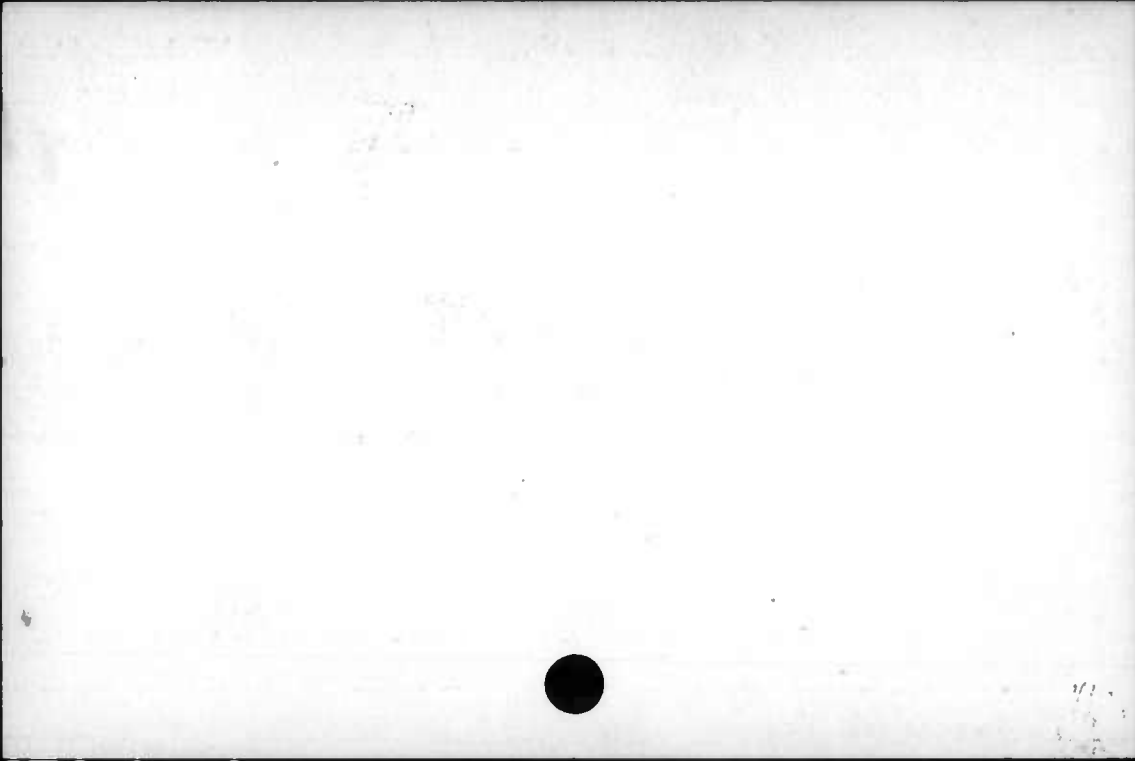
153
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	7	Month <i>Feb</i>	Day <i>19</i>	Age <i>81</i>	Months <i>6</i> Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife Husband <i>John A. Greenholtz</i>					
Father's Name <i>John Stone</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Eva A Nail</i>				Mother's Birthplace <i>Ido</i>	
Name of person giving information <i>John A. Greenholtz</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>bold & old age -</i>	How long <i>one week</i>
Immediate <i>Grippe</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslea</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Ellen Hamish
 Town Taneytown County Carroll

MARYLAND

Died at Taneytown
 Date of death 190 7 Month 7 Day 6 Age 51 Years Months 11 Days 18

Sex Female Color or Race White Birth-place Ind.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Husband Henry Hamish

Father's Name James Davidson Father's Birthplace Ireland

Mother's Maiden Name Julia LeGore Mother's Birthplace Ind.

Name of person giving information Husband How related to deceased Husband.

CAUSES OF DEATH

Primary Tuberculosis How long 3 or 4 years

Immediate Exhaustion How long 4 or 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Davis

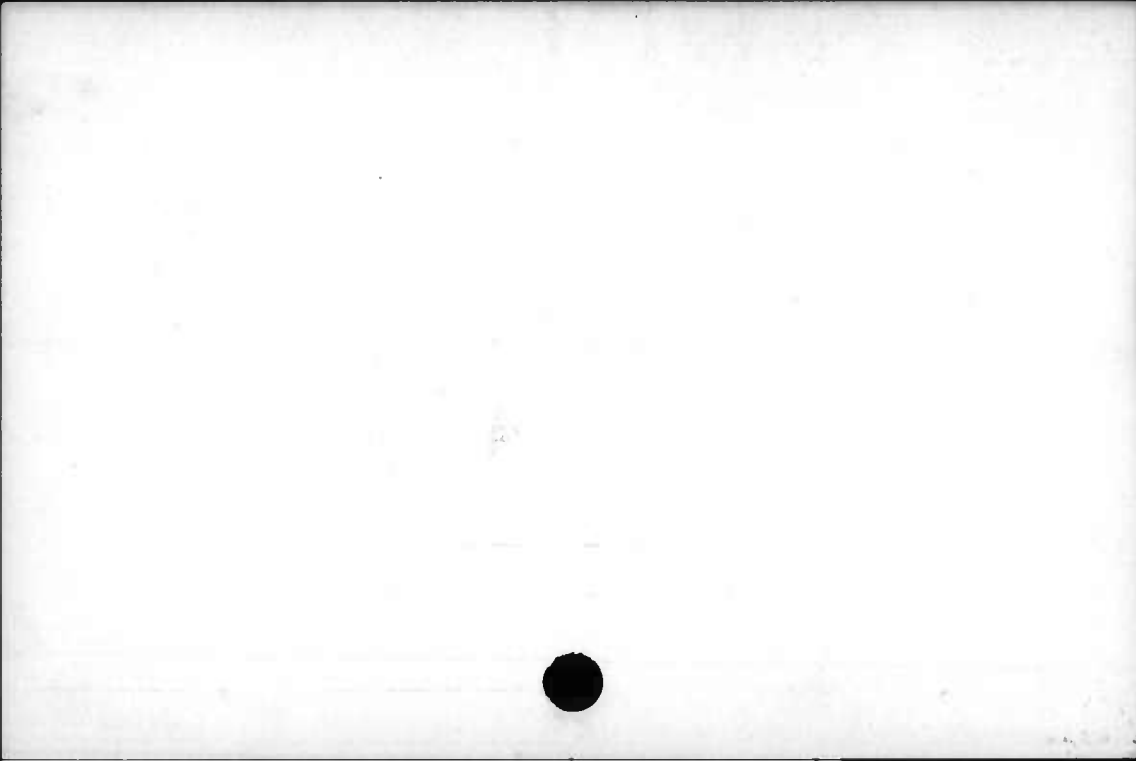
Address Taneytown.

Ind.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Elizabeth Heck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Uniontown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Feb</u>	Day <u>4</u>	Age <u>76</u> Years	Months <u>4</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Uniontown</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Katharine Heck</u>				
Father's Name <u>David Stouffer</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>2 yrs</u>
Immediate <u>26</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Lincoln Stouffer</u>
	Address <u>Uniontown</u>
Accident or Suicide?	

1

Born

Sep 12. 1880

1. Sully x
1. Hurdle x
1. 2. Hurdle x
1. Hurdle x
1. Sully x
1. Hurdle x
1. Hurdle x

Name
in
Full

William Luther Hill

No 139
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907 Feb. 1st</i>	Age <i>3</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Hill, dec'd</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Clara Hammond</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Clara Dorsey</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough-Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Convulsions</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R Fort</i>
	Address <i>Washington</i>
Accident or Suicide? <i>—</i>	<i>md</i>

Harvey Bunker

Mt. Olive Cemetery
Frederick Co.,
Md,

Name
in
Full

Conrad Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Feb.</i> ^{Day} <i>13</i> ^{Years} <i>Age about 50</i>	Months		Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Frederick Hoffman</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital records</i>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General peritonitis</i>	How long <i>30 days</i>
Immediate <i>Erysipelas (facial)</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Char. J. Cary</i>
	Address <i>Lynchville Md.</i>
Accident or Suicide? <i>No</i>	

Name
in
Full

Basil Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

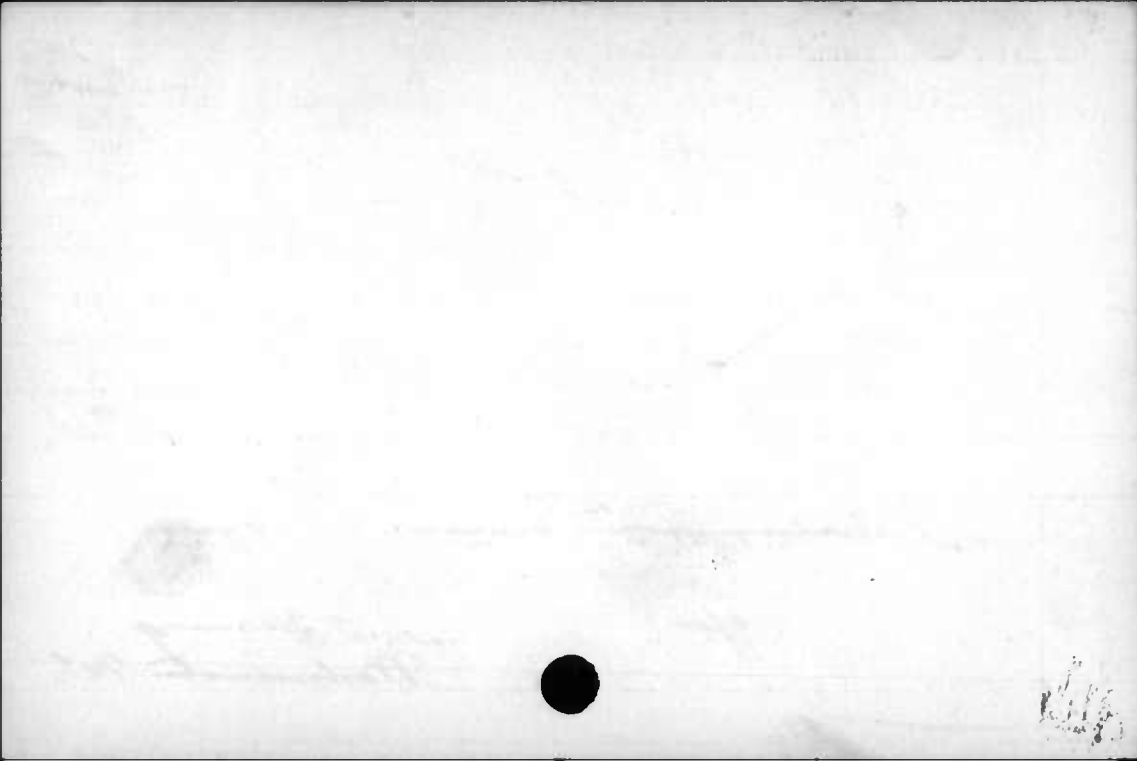
Died at <i>Nest Falls</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>10th</i> <small>Day</small>	Age <i>82</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Fredricks County</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at Home of Death</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>John Hood</i>	Father's Birthplace <i>Carroll County</i>				
Mother's Maiden Name <i>Rachel Trimes</i>	Mother's Birthplace <i>Carroll County</i>				
Name of person giving information <i>Jason Hood</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long
Immediate <i>Sardelen Death</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>L. J. Lewis Undertaker</i>
Accident or Suicide?	<i>Ontario Carroll County Md</i>



Name
in
Full

20156
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hammie Rebecca Hughes*

Died at *Carrollton* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Feb* ^{Day} *28* Age ^{Years} *8* ^{Months} *—* ^{Days} *19*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George Hughes* Father's Birthplace *Maryland*

Mother's Maiden Name *Odie Lefko* Mother's Birthplace *Ill*

Name of person giving information *Odie Hughes* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular Heart Disease* How long *1 year*

Heart Failure How long *1 hr*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. J. Herring*

Address *Washington D.C.*

Accident or Suicide? *—*

Bethel
Cornwall

Name
in
Full

Wm H. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

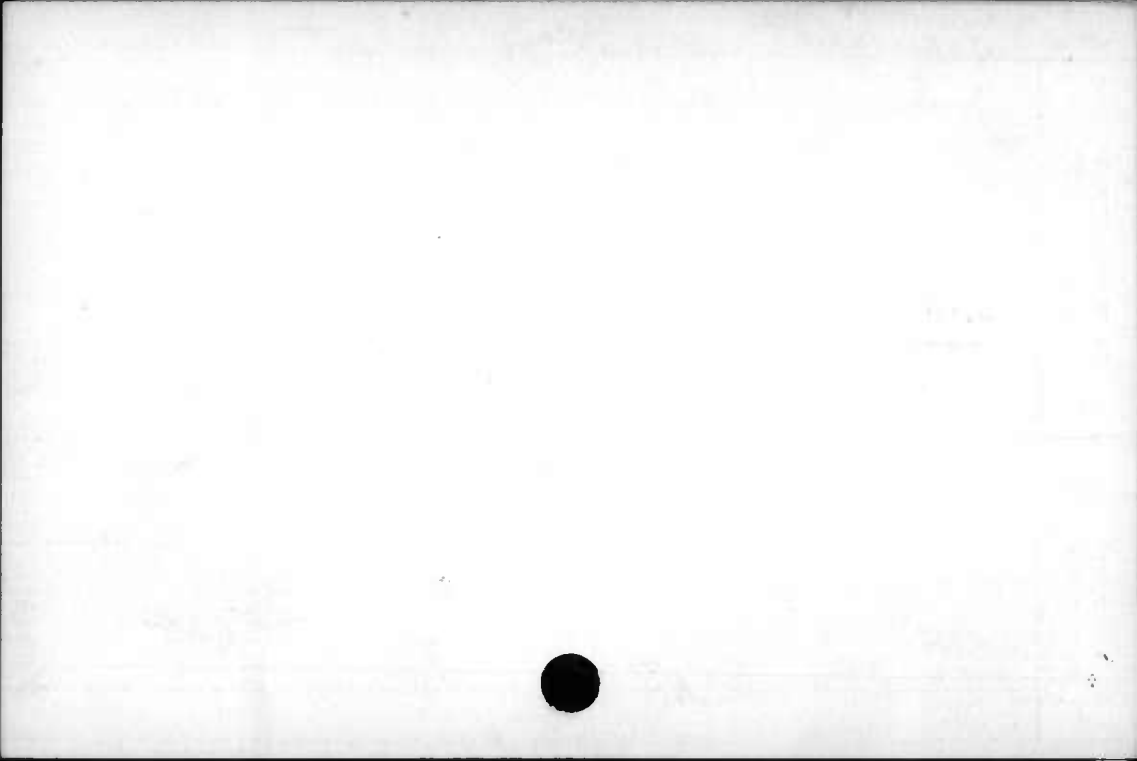
Died at		Town <i>Freedom</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Feb	20	Age 74			
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Eliza Ann					
Father's Name		Father's Birthplace					
John Hughes		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Margarett							
Name of person giving information		How related to deceased					
Robert Hughes		Son					


CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	<i>Pneumonia</i>	How long	<i>93</i>	How long	<i>7 days</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		<i>M. Lucas M.D.</i>			
		Address			
		<i>Mykerville, W.V.</i>			
Accident or Suicide? <i>-</i>					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER


Susanna Samanda Humbert

CERTIFICATE OF DEATH

Died at		Silver Run		Garroll		MARYLAND	
Date of death		1907	Month 2	Day 12	Age 63	Months 11	Days
Sex	Female		Color or Race	White		Birth-place	Md
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Husband	Wm. H. Humbert			
Father's Name	William Rohrbaugh					Father's Birthplace	—
Mother's Maiden Name	Susanna Prunget					Mother's Birthplace	—
Name of person giving information	Wesley Humbert					How related to deceased	Son

CAUSES OF DEATH

Primary	Influenza	How long	8 days
Immediate	Lobular Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. Lewis Wetzel M.D.
		Address	Union Mills Ind.
Accident or Suicide?			



Name
in
Full

William E Kesselring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

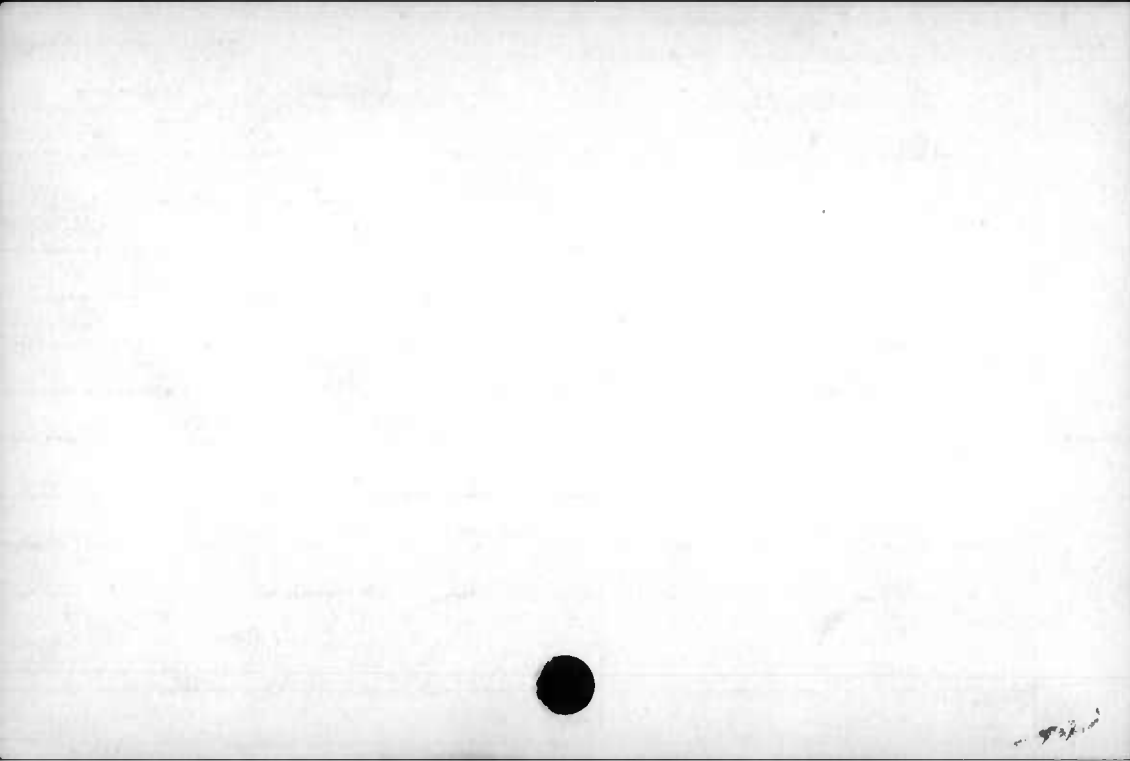
MARYLAND

Died at <u>Marbury</u> ^{Town}		<u>Carroll</u> ^{County}			
Date of death	<u>1907</u>	<u>2</u> ^{Month}	<u>23</u> ^{Day}	Age <u>72</u> ^{Years}	<u>5</u> ^{Months} <u>7</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Med</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <u>Susan Kesselring</u>		
Father's Name <u>John Kesselring</u>			Father's Birthplace <u>Med</u>		
Mother's Maiden Name <u>Susan Hawk</u>			Mother's Birthplace <u>Med</u>		
Name of person giving information <u>Richard Kesselring</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary <u>Mitral disease of heart</u>	How long <u>2 years</u>
Immediate <u>Heart failure</u>	How long <u>2 or 3 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. H. Davis</u>
	Address <u>Danbury town. Md.</u>
Accident or Suicide <u></u>	

PHYSICIAN
OR CORONER



Name
in
Full

148

CERTIFICATE OF DEATH

Annie B Long

Town

Carrollton

County

Carroll

MARYLAND

Died at

Date

of death 190

Month

7 Feb

Day

16

Age

Years

1

Months

Days

16

Sex

Female

Color or
Race

White

Birth
place

Maryland

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Noah Long

Father's
Birthplace

Maryland

Mother's
Maiden Name

Annie B Houck

Mother's
Birthplace

"

Name of person giving
In formation

Noah Long

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos B Coonan M.D.

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

4

Bethel Church Cemetery

Name
in
FullSarah M^{rs} Quay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Winfield ^{County} Carroll MARYLAND

Date of death 1907 ^{Month} 2 ^{Day} 27 Age ^{Years} 97 ^{Months} 4 ^{Days} 5

Sex Female Color or Race White Birth-place Md.

Married, Single or Widowed Widow Occupation House wife

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Wm. McQuay How related to deceased Son.

CAUSES OF DEATH

Primary La Grippe (10) How long 5 weeks.

Immediate Cardiac - exhaustion How long twelve hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. D. Grouse

Address Winfield - Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

E. C. C. C.

Name
in
Full

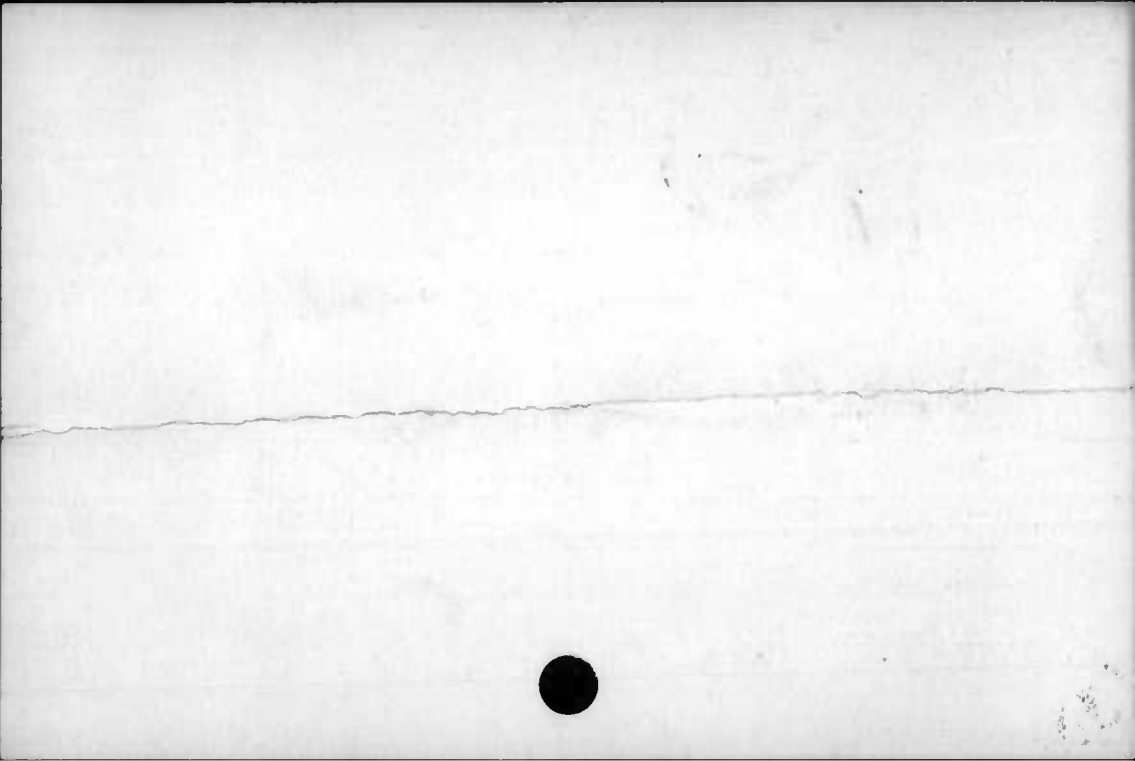
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John M. Mackenheimer</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>		MAYLAND	
Date of death <i>1907</i>		Month <i>Feb.</i>		Day <i>24</i>		Years <i>about 30 yrs</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>md</i>		Months Days	
Occupation <i>Printer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Abbie Mackenheimer</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Hospital records</i>		How related to deceased					

CAUSES OF DEATH

Primary <i>Locomotor Ataxia</i>	How long <i>about 8 yrs</i>
Immediate <i>Dementia & Exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Snyderville</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name
in
Full

Eudora Elizabeth Manger

No 145
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>10</i>	Age	Years	Months <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Carroll Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Howard Manger</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Mary Miller</i>		Mother's Birthplace " " "			
Name of person giving information <i>Howard Manger</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Broncho Pneumonia</i>	How long <i>24 Hrs -</i>
Immediate <i>Cardiac Failure</i>	How long <i>2 Hrs -</i>

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

Arthur Barr
*Westminster -**Md -*PHYSICIAN
OR CORONER

1

St Benjamins Cemetery.
Stones.

Name
in
Full

Liliah Ellen Maus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Taneytown* ^{County} *Carroll* **MARYLAND**

Date of death **1907** ^{Month} *2* ^{Day} *21* ^{Years} *58* ^{Months} *8* ^{Days} *26*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of ~~Wife or~~ *William H. Maus* Husband

Father's Name *Henry Lantrom* Father's Birthplace *Carroll Co Ind*

Mother's Maiden Name *Elizabeth Sickersheets* Mother's Birthplace *" " "*

Name of person giving information *Henry Maus* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis* ^{How long} *2 years*

Immediate *Exhaustion* ^{How long} *6 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

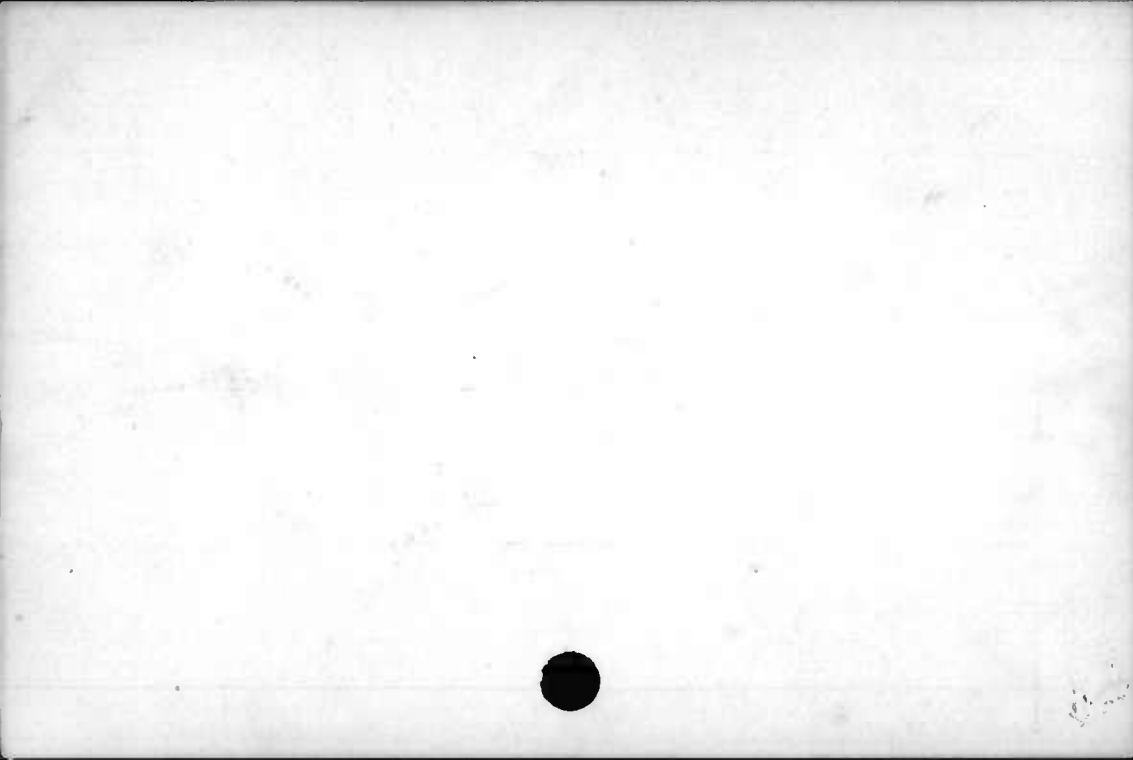
Address

J. H. Weiss, M.D.
Taneytown.
Md.

Accident or Suicide? *_____*

PHYSICIAN
OR CORONER

1



Name
in
Full

Annie A. Miller

CERTIFICATE OF DEATH

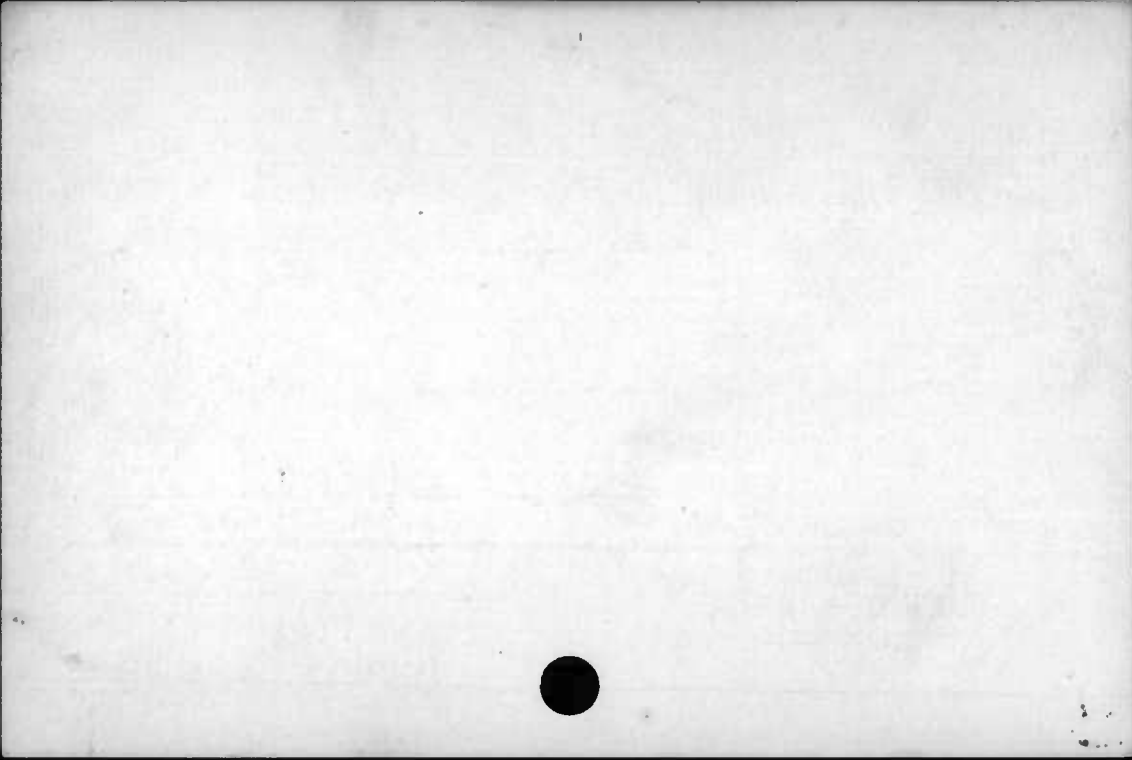
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Manchester</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>20</u>	Age <u>15</u>	Years <u>9</u>	Months <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Manchester</u>		Days	
Occupation		Where Residing if not at place of death <u>Manchester</u>			
Married, Single or Widowed		Name of Writer or Husband			
Father's Name <u>Wm. Miller</u>		Father's Birthplace <u>Manchester</u>			
Mother's Maiden Name <u>Virginia</u>		Mother's Birthplace <u>Manchester</u>			
Name of person giving information <u>Mother</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Peritonitis</u>	How long <u>5 days</u>
Immediate <u>Mortification</u>	How long <u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician
	Address <u>J. H. Stoney</u> <u>Manchester</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

Louisa Rebecca Miller

152
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Valley</i>		Town		County		Carroll		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb.</i>		Day <i>17</i>		Age <i>60</i>		Years <i>7</i> Months <i>29</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>					
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Home</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>George Miller</i>							
Father's Name <i>David Koontz</i>		Father's Birthplace <i>Carroll Co Md</i>							
Mother's Maiden Name <i>Elyabeth Browne</i>		Mother's Birthplace <i>" " "</i>							
Name of person giving information <i>George Miller</i>		How related to deceased <i>Husband</i>							

CAUSES OF DEATH

Primary *Pneumonia* *73* How long *a few days*
 Immediate *Tuberculosis* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James R. Ruchart M.D.
Fryeburg Me

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Pleasant Valley Cemetery
Stoner

Name
in
Full

Leah. Catharine. Myers

No. 144

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wentunuster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month}	<u>Feb</u> ^{Day}	<u>11</u> ^{Age}	<u>1</u> ^{Months}	<u>20</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>none</u>				
Name of Wife or Husband _____					
Father's Name <u>Leavid. N. Myers</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Emma E. Matthews</u>			Mother's Birthplace <u>do</u>		
Name of person giving information <u>Leavid N. Myers</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <u>Bronchitis</u>	How long <u>4 or 5 days</u>
Immediate <u>Internal Spasms</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Leah R. Foutz</u>
	Address <u>Wentunuster</u>
Accident or Suicide? _____	<u>Int</u>



Name
in
Full

Bertha Phillips

CERTIFICATE OF DEATH

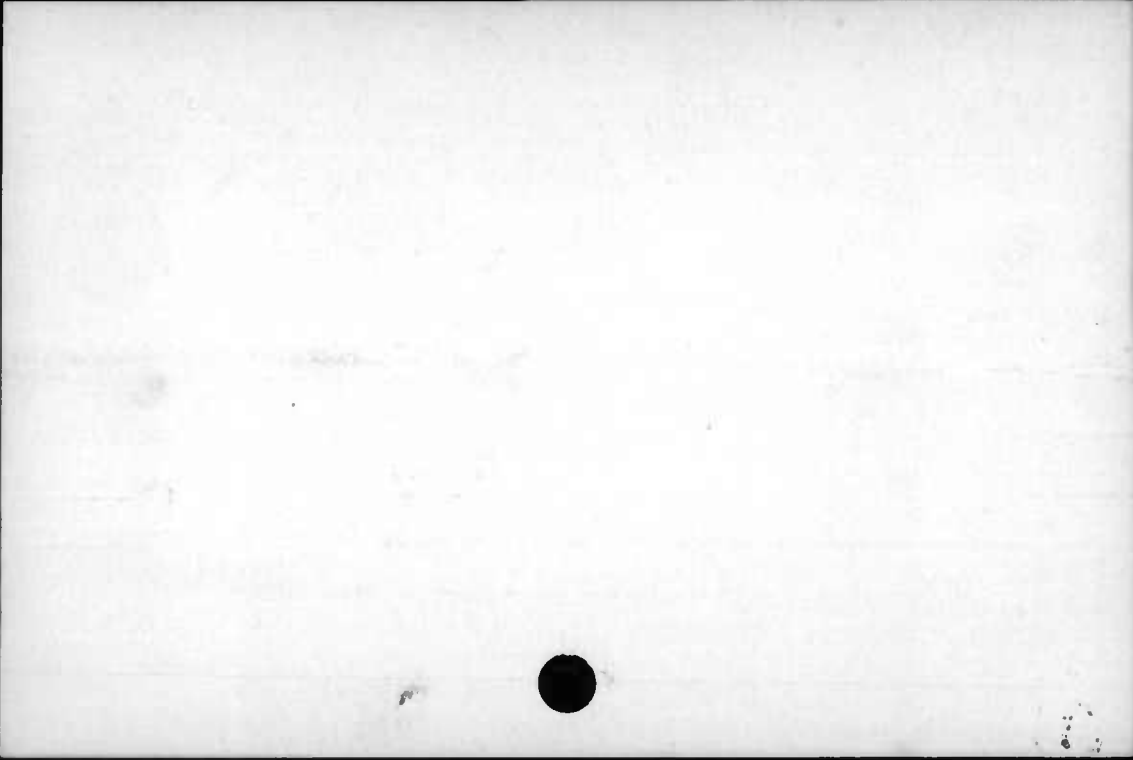
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lyskesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>6th</i>	Age <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>J. Phillips</i>		Father's Birthplace <i>2</i>			
Mother's Maiden Name <i>2</i>		Mother's Birthplace <i>2</i>			
Name of person giving information <i>Daniel Trott</i>		How related to deceased <i>Half brother</i>			

CAUSES OF DEATH

Primary <i>Lobar Pneumonia</i>	How long <i>about 2 days.</i>
Immediate <i>Cardiac Failure</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris, M. D.</i>
	Address <i>Springfield Hospital Lyskesville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	

PHYSICIAN
PROCORNER



Name
in
Full

Thomas Reynolds

No 151
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Astoria</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1907	Month	Feb.	Day	Ed 16
Sex		Male	Color or Race	White	Birth-place
Occupation		none	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Thomas Reynolds	Father's Birthplace		
Mother's Maiden Name		be not known	Mother's Birthplace		
Name of person giving information		Dr. Matthias	How related to deceased		
			Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>36 hours</i>
Immediate	<i>Heart</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr. S. Matthias</i>	
		Address	
		<i>Astoria</i>	
		<i>Maryland</i>	
Accident or Suicide?			

1

St Johns Cemetery
Stones.

Name
in
Full

CERTIFICATE OF DEATH

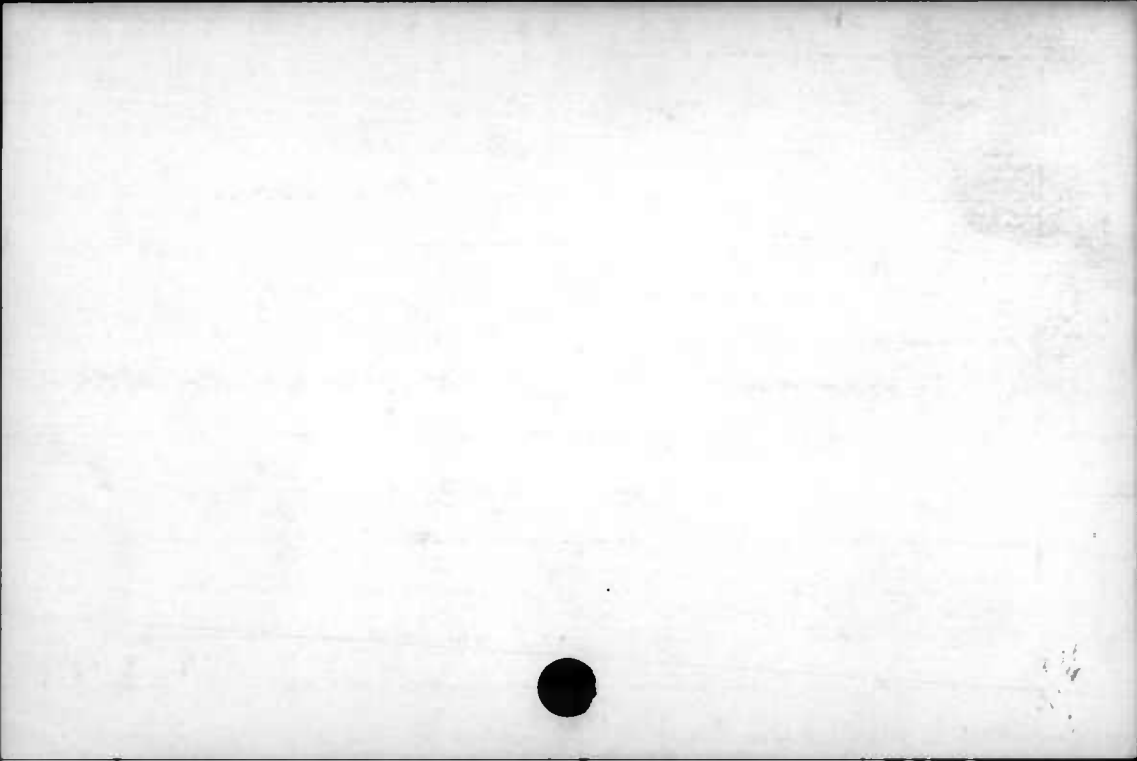
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Russel Browning Rice		Town Patapsco		County of Carroll		MARYLAND	
Died at Patapsco		Month 2		Day 1		Years 3	
Date of death 1907		Month 2		Day 1		Months 7	
Sex Male		Color or Race White		Birthplace Patapsco. Md		Days 22	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name Geo. W. Rice				Father's Birthplace Md.			
Mother's Maiden Name Laura A. Barber				Mother's Birthplace Md.			
Name of person giving information Geo. W. Rice				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe, Chronic Bronchitis	How long _____
Immediate Heart Failure	How long 10 da
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Edgar M. Bush, M.D.
	Address Annapolis, Md.
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

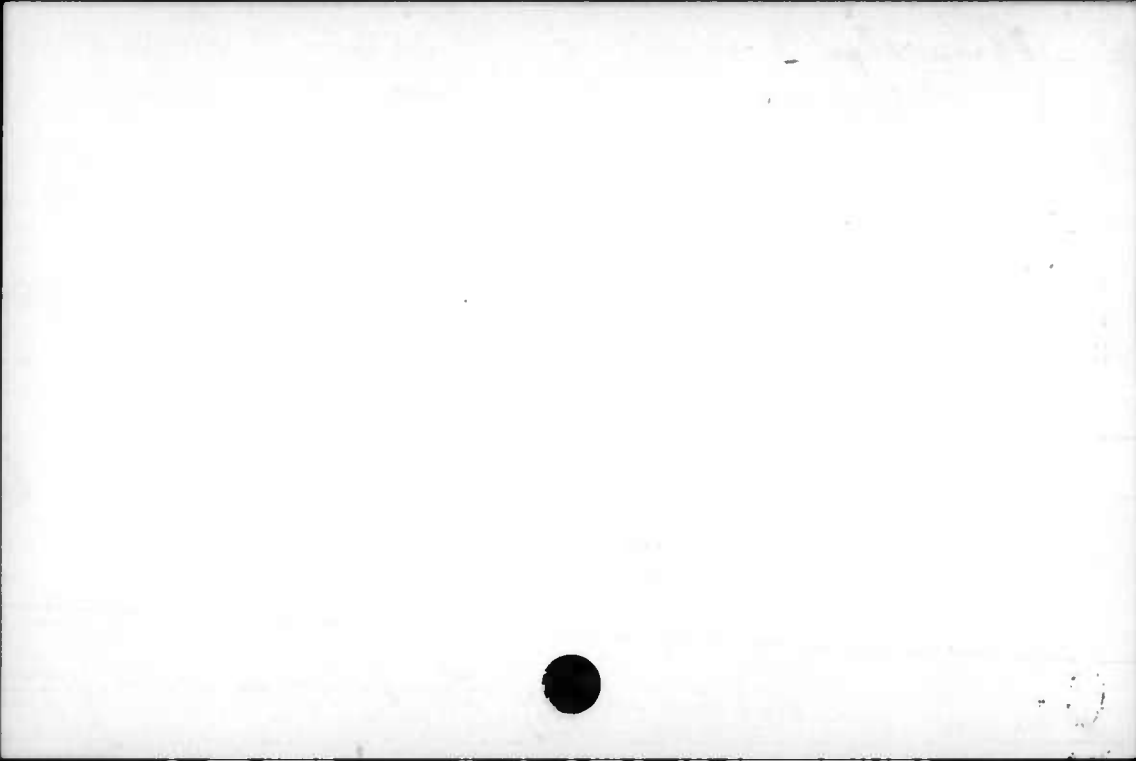
Died at <i>Hampstead</i> ^{Town}		<i>Carroll.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>2</i>	Day	<i>20</i>
				Age	<i>1</i>
				Years	
				Months	<i>5</i>
				Days	<i>22</i>
Sex	<i>Male.</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Elmer K. Richards</i>			Father's Birthplace	<i>Mid.</i>
Mother's Maiden Name	<i>Clara Polton</i>			Mother's Birthplace	<i>Balto. Md.</i>
Name of person giving information	<i>Elmer K. Richards</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Lobar Pneumonia</i>	How long	<i>10 da.</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Edgar M. Bush M.D.</i>
		Address	<i>Hampstead, Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



in Full

CERTIFICATE OF DEATH

Wenfield S. Rinehart

Town

County

MARYLAND

Died at

Union Bridge

Cornell

Date

Month

Day

Years

Months

Days

of death 1904

2

15

Age

62

6

Sex

Male

Color or Race

White

Birthplace

Fredrick Co.

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Minnie Kavelbie

Father's Name

David Rinehart

Father's Birthplace

Tandall Co.

Mother's Maiden Name

Harriet E. Taylor

Mother's Birthplace

Cornell Co.

Name of person giving information

Pratt Rinehart

How related to deceased

Son

CAUSES OF DEATH

Primary

Local & Long used Pontiac

How long

26 months

Immediate

Caution & Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. R. E. S. Loff

Address

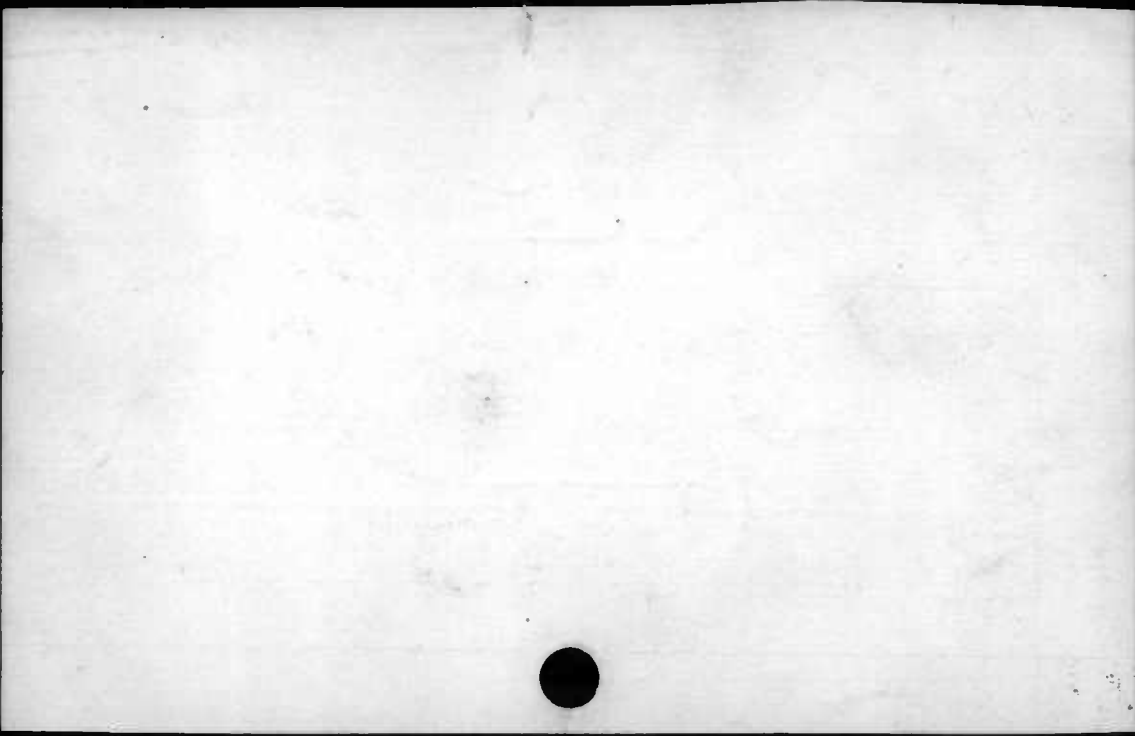
Union Bridge

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

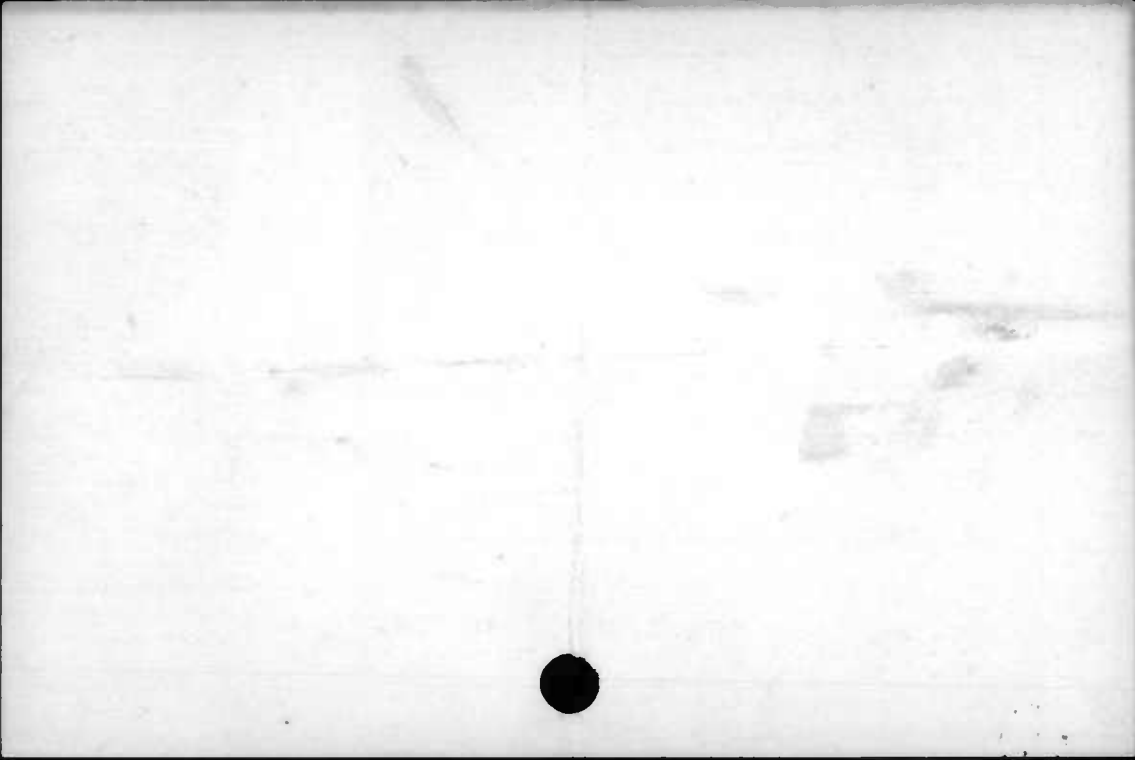
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		William Robinson				CERTIFICATE OF DEATH	
Died at		Town Eldersburg		County Carroll		MARYLAND	
Date of death		1907 Feb. 14		Age 20		Months — Days —	
Sex Female		Color or Race Black		Birth- place Md.			
Occupation Domestic		Where Residing if not at place of death same					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Gray Robinson		Father's Birthplace Md.					
Mother's Maiden Name Tillie Robinson		Mother's Birthplace Md.					
Name of person giving In formation John Henry Phubottom		How related to deceased Bro.-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pregnancy		How long 8 mos	
Immediate Puerperal Convulsions		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M D Morris	
		Address Eldersburg Md	
Accident or Suicide? —			



Name
in
Full

Francis C. Rourkey

CERTIFICATE OF DEATH

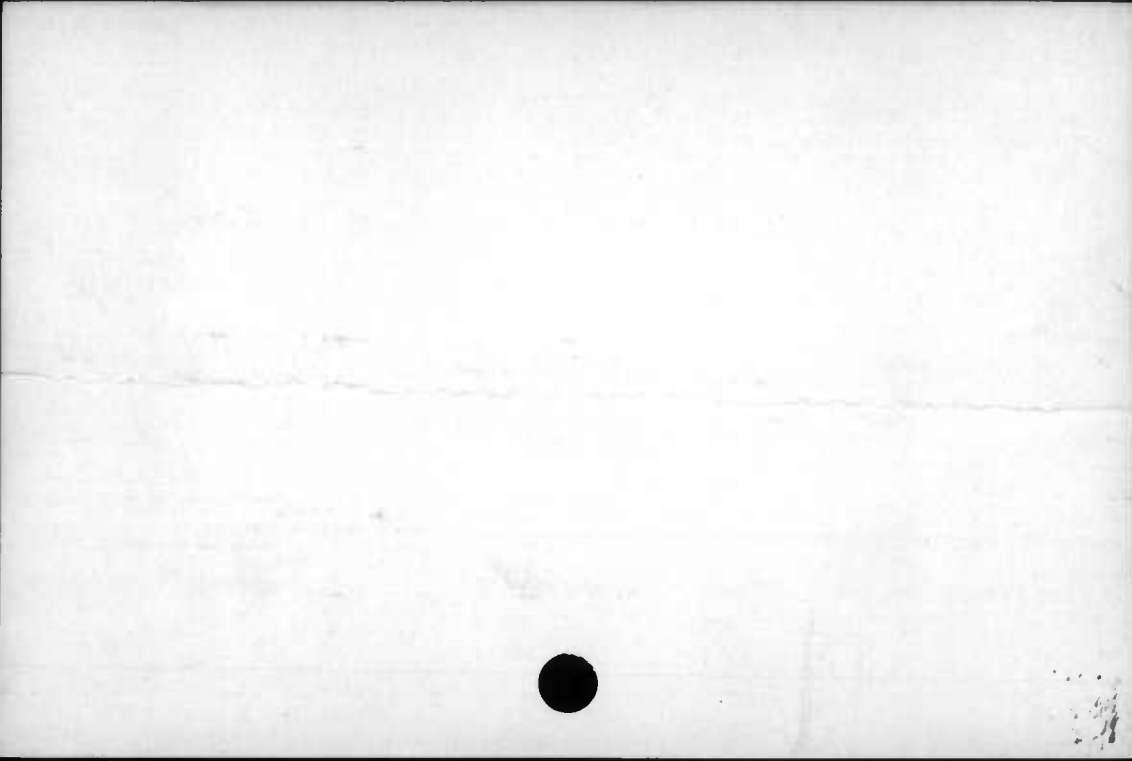
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County	
Date of death <i>1907 Feb 16</i>		Month <i>Feb</i>		Day <i>16</i>	
Age <i>46</i>		Years <i>46</i>		Months	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>Plumber</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Rourkey</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Blanche Sanders</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Hospital records</i>		How related to deceased			

CAUSES OF DEATH

Primary <i>General paresis</i>	How long <i>about 3 yrs</i>
Immediate <i>Central Angulation</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Sykesville Md</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Schultz
Died at *Springfield Hospital*

Town

County

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1907**Feb.**6*

Age

50

Sex

*male*Color or
Race*White*Birth-
place*Balto. City*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John Schultz*Father's
Birthplace*Germany*Mother's
Maiden Name*Washburn*Mother's
Birthplace*:"*Name of person giving
In formation*Hospital records*How related
to deceased

CAUSES OF DEATH

Primary

Epileptic Dementia

How long

Many years

Immediate

Org. Heart disease

How long

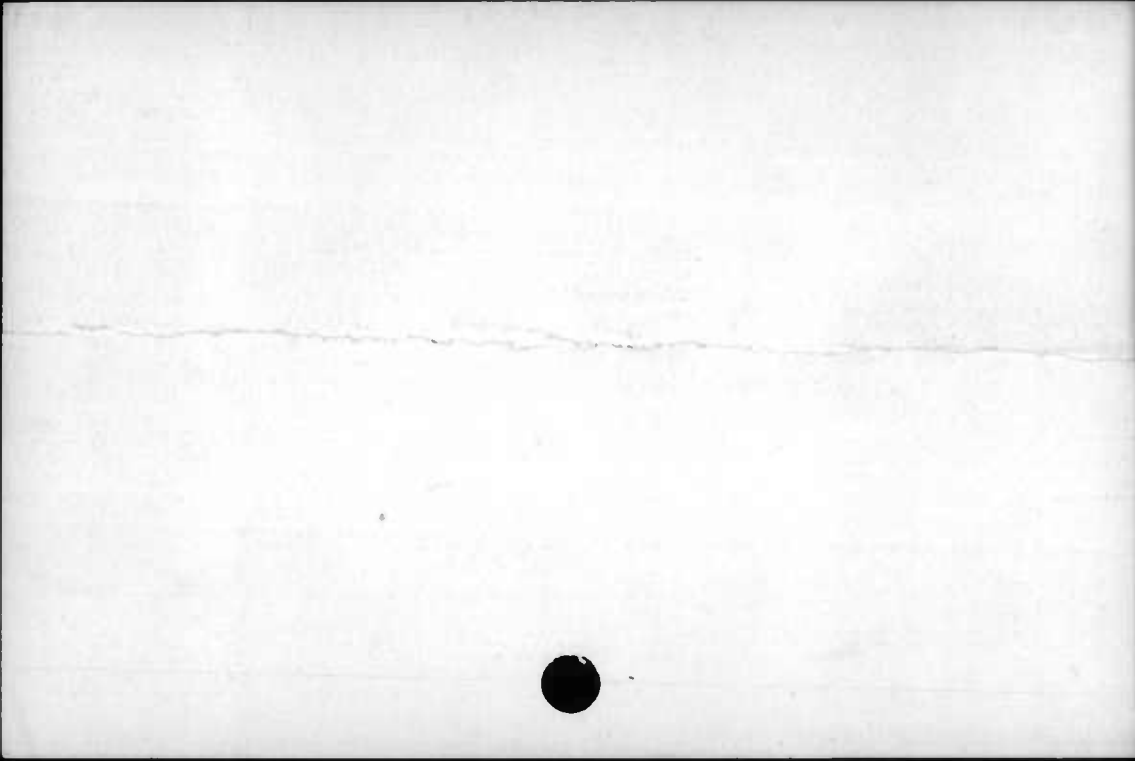
*about 22 mths*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Chas. J. Carey
Syracuse, N.Y.*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER
1



Name
in
Full

Infant, still born Shanks

CERTIFICATE OF DEATH

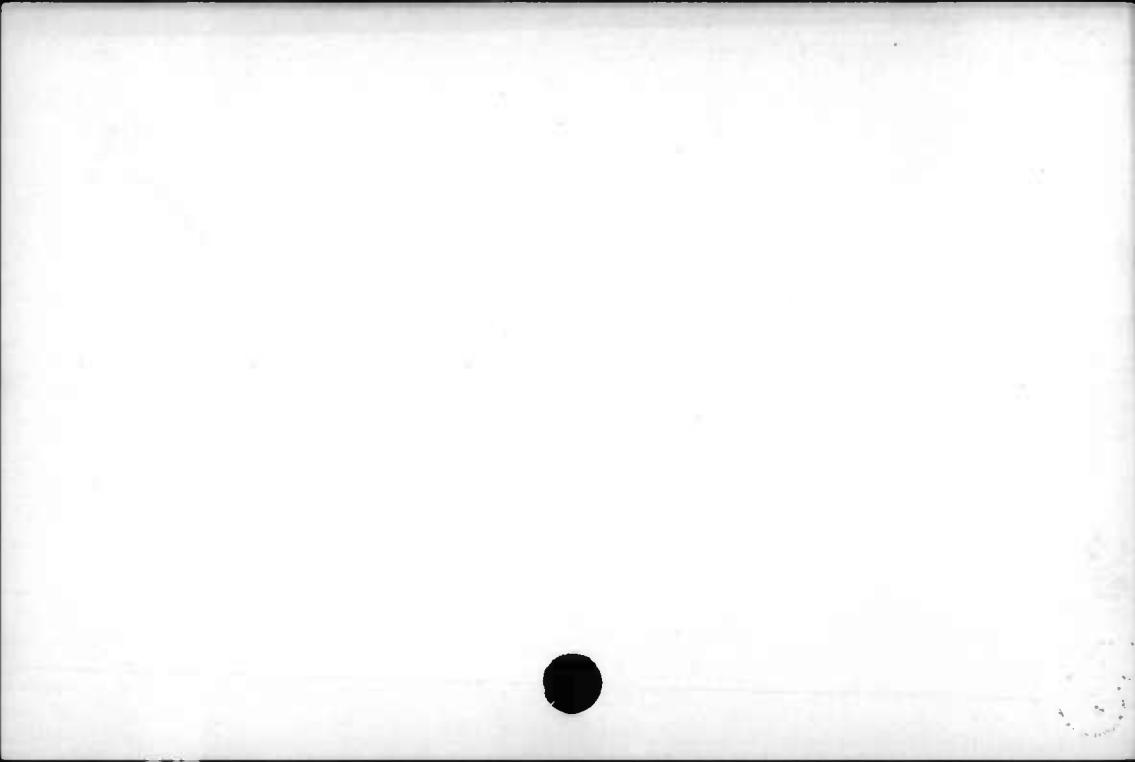
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taney Town</i>		Town <i>Taney Town</i>		County <i>Cumwell</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>still born</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Shanks</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Emma J. Furrin</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Hand Shanks</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. B. Furrin</i>
	Address <i>Taney Town</i>
Accident or Suicide?	



Name
in
Full

Rebecca Shawen

CERTIFICATE OF DEATH

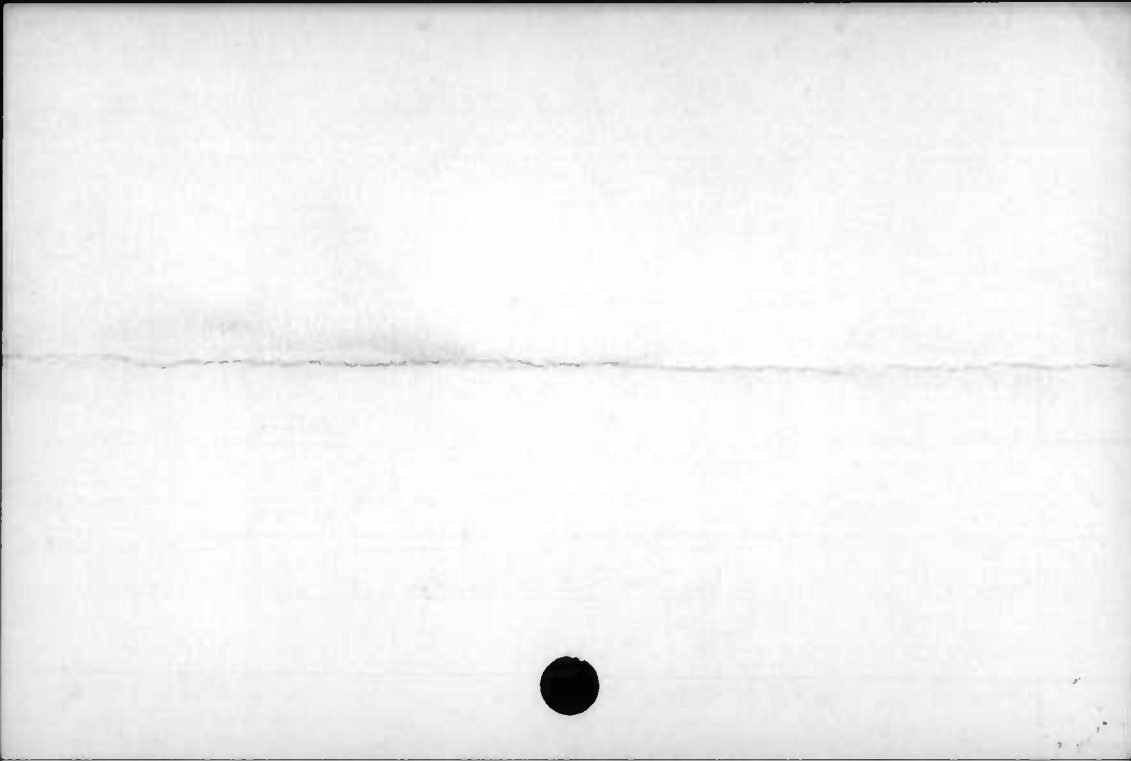
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital -</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>2nd</i>	Day <i>5th</i>	Years <i>76</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland.</i>			
Occupation <i>None</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>- House</i>	Father's Birthplace <i>?</i>				
Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>?</i>				
Name of person giving information <i>Hospital records.</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia & Chronic Nephritis</i>	How long <i>?</i>
Immediate <i>Organic Heart disease</i>	How long <i>Suddenly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher</i>
<i>of my knowledge.</i>	Address <i>Sykesville</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

Emma Brown Simpers

CERTIFICATE OF DEATH

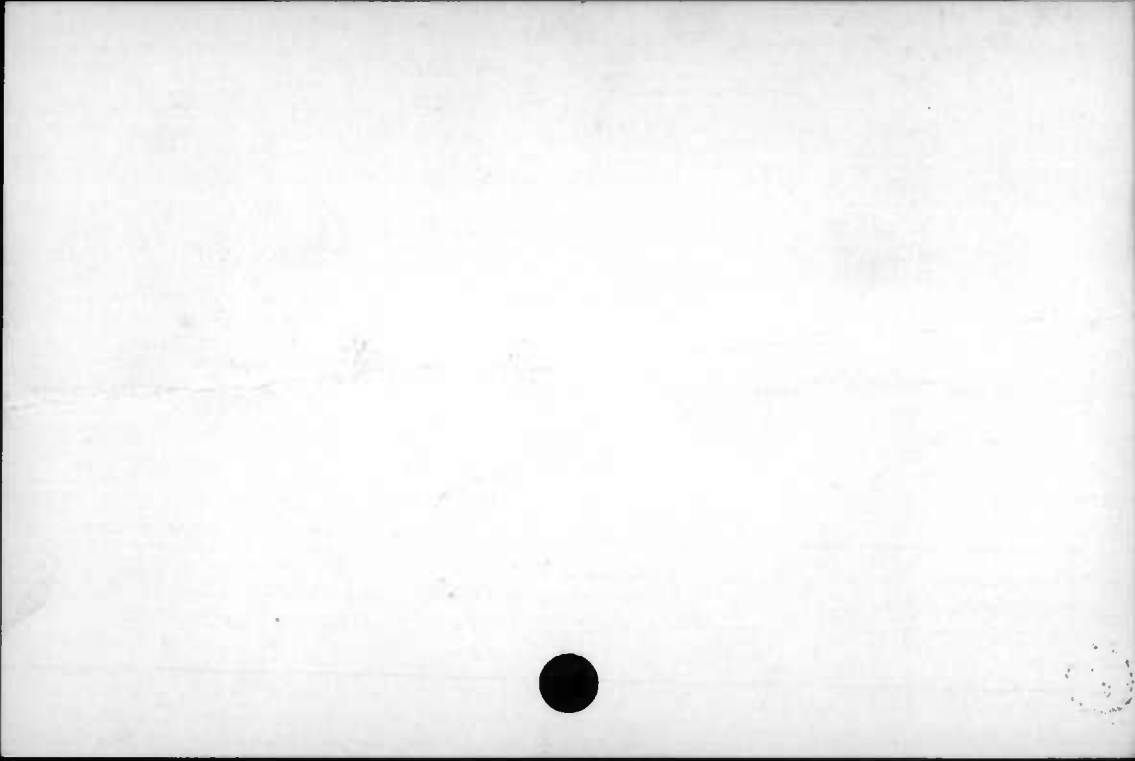
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Springfield Hospital</u> -		Town <u>Carroll</u> -		County <u>-</u>		MAYLAND	
Date of death <u>1907</u>		Month <u>2nd</u>		Day <u>6th</u>		Age <u>47</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>		Months <u>-</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>/</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>/</u>					
Father's Name <u>Henry E. Simpers</u>		Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Mary Jane Sherman</u>		Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Hospital Records -</u>		How related to deceased <u>-</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Albuminuria</u>	How long	<u>?</u>
Immediate	<u>Organic Heart disease</u>	How long	<u>?</u>
Are the name, age, sex, color, date and place correctly given above? <u>To best</u>		Signature of Physician <u>W. Henry Fisher</u>	
<u>I have knowledge</u>		Address <u>Sykesville Ind.</u>	
Accident or Suicide?			



Name
in
Full

Mrs. Hannah Smith

CERTIFICATE OF DEATH

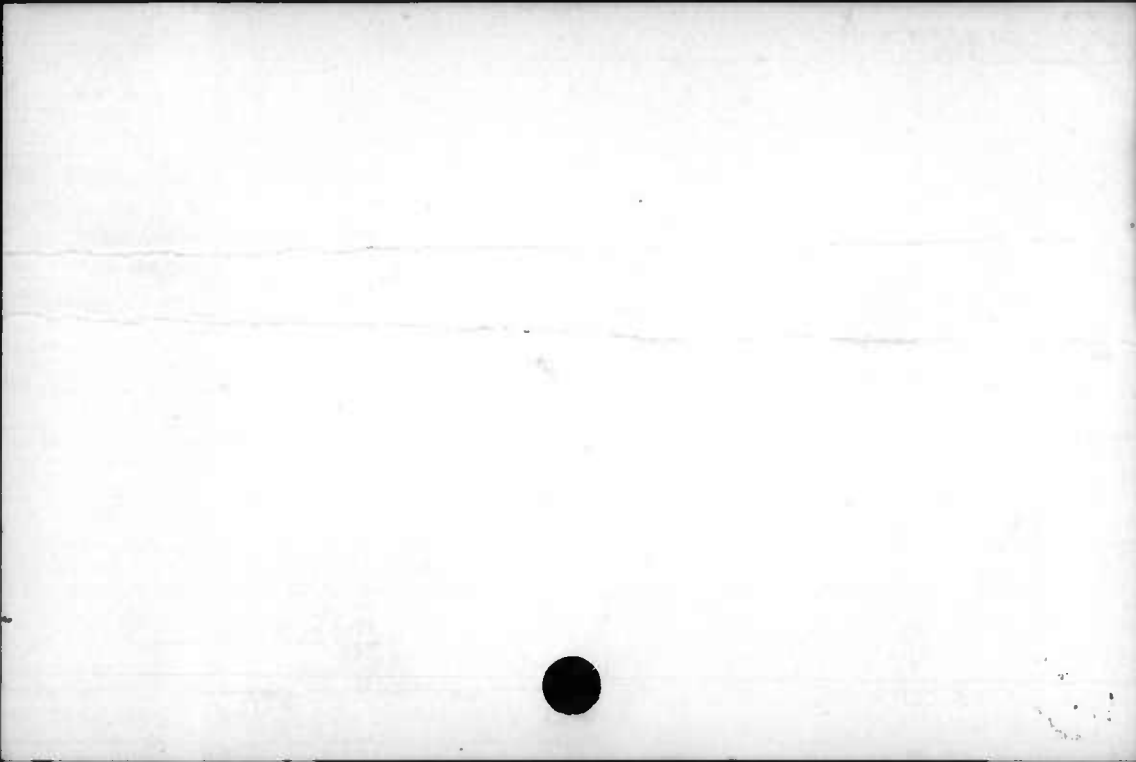
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital - Carroll</i>		County		MAYLAND	
Date of death <i>1907</i>	Month <i>2nd</i>	Day <i>21st</i>	Age <i>39</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. H. Smith</i>				
Father's Name <i>?</i>	Father's Birthplace		<i>?</i>		
Mother's Maiden Name <i>?</i>	Mother's Birthplace		<i>?</i>		
Name of person giving information <i>Hospital Records</i>	How related to deceased		<i>?</i>		

CAUSES OF DEATH

Primary	<i>Acute Mania</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes!</i>		Signature of Physician <i>W Henry Fishman</i>	
		Address <i>Sykesville Ind</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Wm. Otis Smith

20445
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND

Date of death 1907 Month Feb Day 11 Age 33 Years Months 3 Days 12

Sex Male Color or Race Colored Birth-place Md

Occupation porter Where Residing if not at place of death Home

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Amos Smith Father's Birthplace Va.

Mother's Maiden Name Amie L Cross Mother's Birthplace Md

Name of person giving information Amie L Smith How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis Pulmonary How long 3 or 4 yrs

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas R. Fortz

Address Westminster

Accident or Suicide? no

Westend chapel cemetery
Stour.

Name
in
Full

Maurice Calvin Speaks -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keysville</i>		County <i>Carrace</i>		MARYLAND	
Date of death	Month <i>Feb</i>	Day <i>17</i>	Years <i>22</i>	Months <i>7</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Woodsboro, Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Calvin Speaks</i>		Father's Birthplace <i>Greensboro, Md.</i>			
Mother's Maiden Name <i>Emma Derr</i>		Mother's Birthplace <i>Woodsboro Md.</i>			
Name of person giving information <i>Calvin Speaks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Doubt Pneumonia - typhoid</i>	How long <i>12 days</i>
Immediate <i>Cerebral Meningitis - heart failure</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. H. Diller</i>
	Address <i>Detour, Md.</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER

Creagrrstoir
fnd. l. w

Name
in
Full

Wm. S. Spence

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Springfield Hospital

Carroll

Date

Month

Day

Years

Months

Days

of death 1907 Feb.

18

Age

34

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Picture frame maker

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John E. Spence

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Conway

Mother's
Birthplace

Md

Name of person giving
In formation

Hospital records

How related
to deceased

CAUSES OF DEATH

Primary

Org dementia

How long

about 7 yrs

Immediate

General debility

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

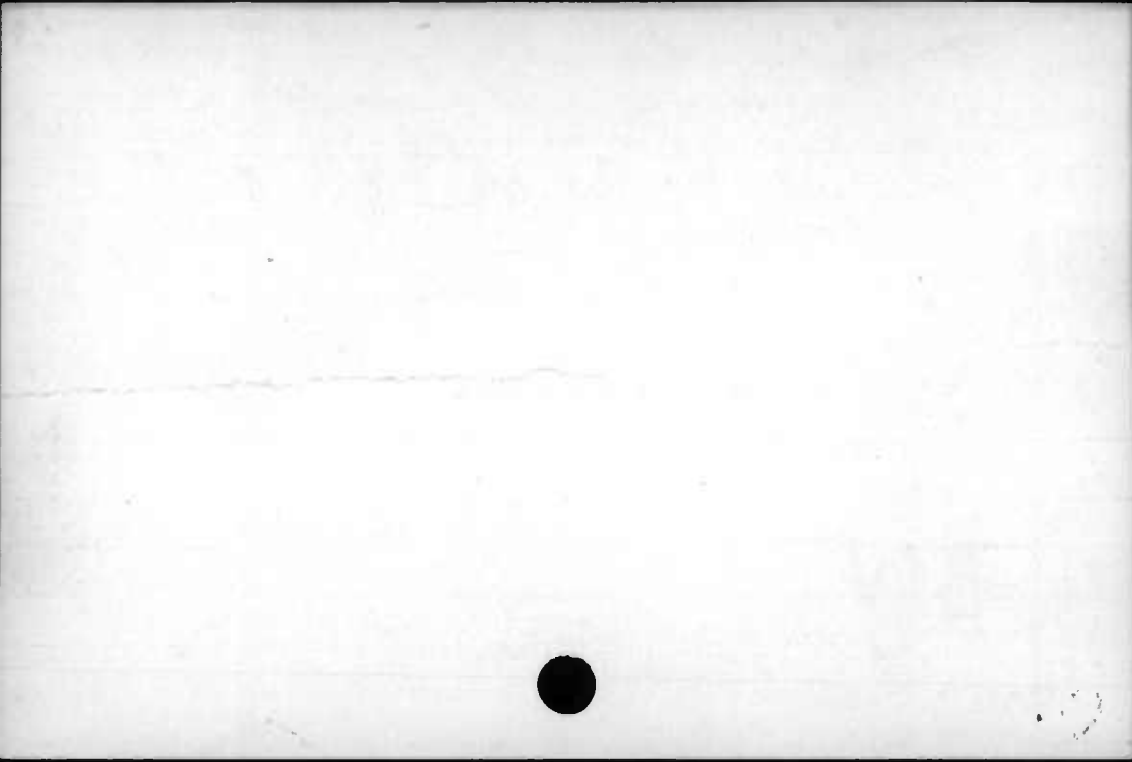
Address

Chas. J. Carty
Sykesville Md.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



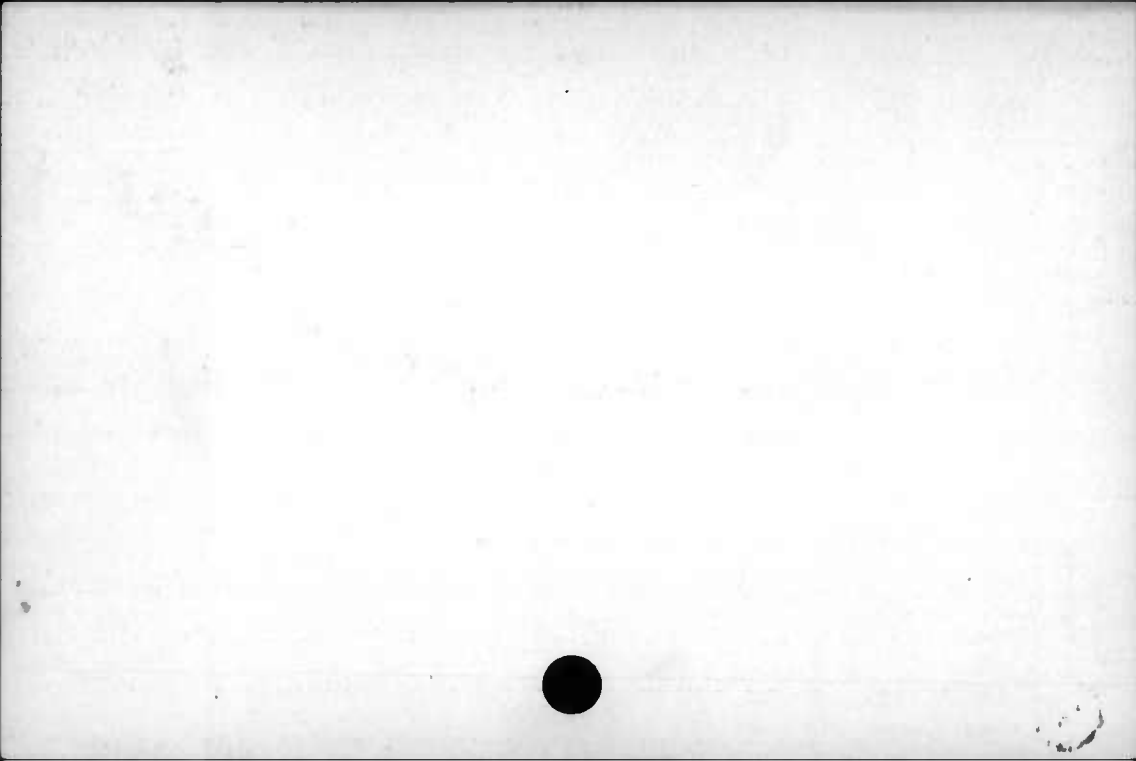
Name
in
Full158
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carver</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>93</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>—</i>				
Name of Wife's Husband <i>Parlier H Sweet</i>					
Father's Name <i>Least Know</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Least Know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Elie S Rinchart</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>A few days</i>
Immediate <i>Heart Failure</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingsley</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>no -</i>	



Name
in
Full

Mary J. Thierit

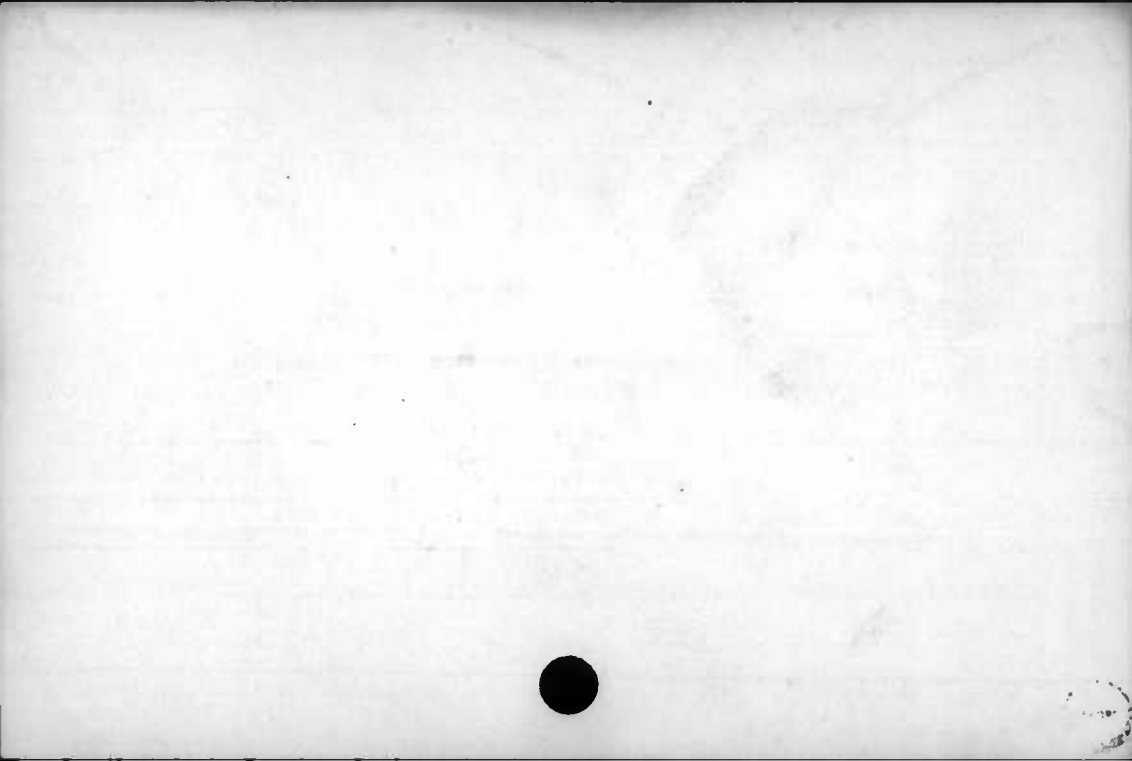
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Manchester disct.		County Carroll		MARYLAND	
Date of death		1907	Month 2	Day 9	Age 52	Months 6	Days 15
Sex		Female		Color or Race		white	
Birth- place		Maryland					
Occupation Housewife				Where Residing if not at place of death			
Manchester disct.							
Married, Single or Widowed		Married		Name of Husband		Henry Thierit	
Father's Name		Samuel Yingling		Father's Birthplace		Maryland	
Mother's Maiden Name		Julian Gummel		Mother's Birthplace		Maryland	
Name of person giving In formation		Edward Weaver		How related to deceased		Bro-in-law	

CAUSES OF DEATH

Primary	Pneumonia	How long	7
Immediate	Pneumonia	How long	7
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		John S. Ziegler M.D.	
Address		Melrose Md.	
Accident or Suicide?			



Name
in
Full

Richard Ward

CERTIFICATE OF DEATH

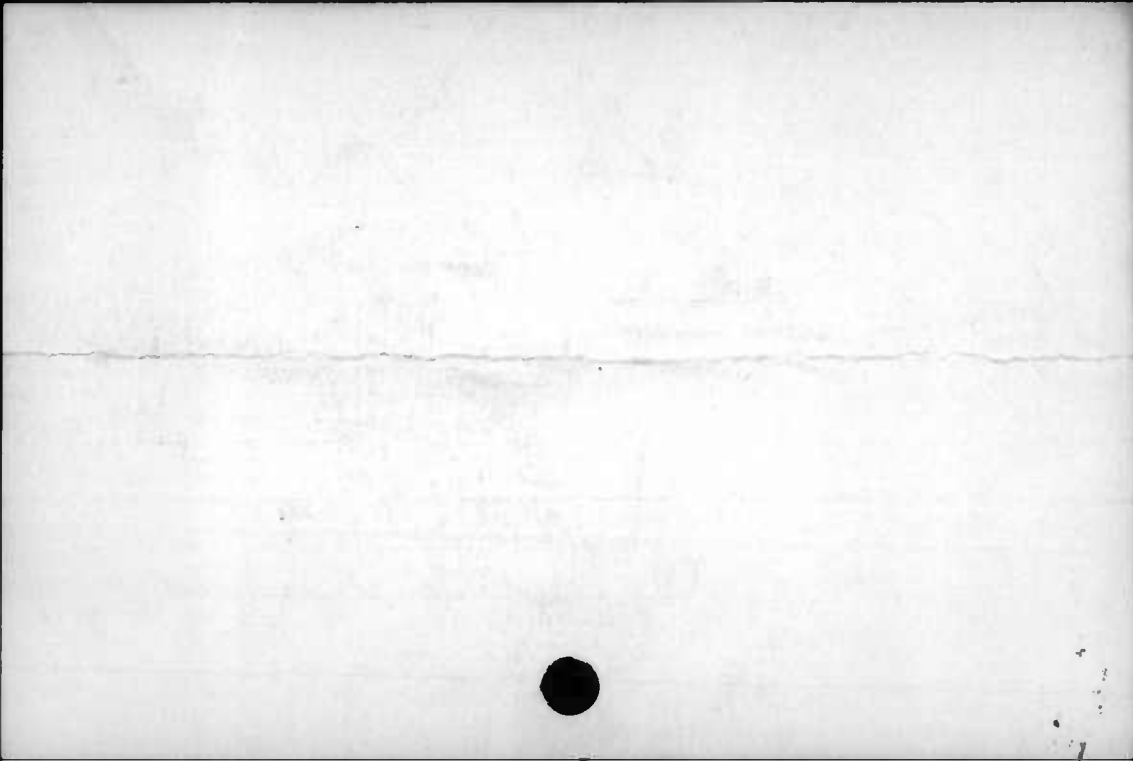
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1907 Feb.</i>		Month <i>Feb.</i>		Day <i>3rd</i>		Years <i>Age about 75?</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>		Months	
Occupation <i>Unknown</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>Unknown</i>
Immediate	<i>General debility</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes but</i>		Signature of Physician <i>Chas. J. Carey</i>	
<i>of my knowledge</i>		Address <i>Sykesville Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Richard Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt. Airy		^{County} Carroll		MARYLAND	
Date of death	1907	Month	Feb.	Day	25
Age		87		Months	5
Sex		Male		Color or Race	Colored
Occupation		Laborer		Birth-place	Liberty, Md.
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or husband	Elizabeth Waters	
Father's Name	Menter Waters		Father's Birthplace	Newmarket	
Mother's Maiden Name	Not known		Mother's Birthplace	Not known	
Name of person giving information	Isaac Milton Waters		How related to deceased	Son	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	
Immediate	Pneumonia	How long	Four days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	M. E. Gaver		
	Address		
	Mt. Airy		
	Md.		
Accident or Suicide?			

FRANK J. LEVINS
GENERAL INSURANCE AGENT
MT. AIR, N.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	Month	Day	Years	Months	Days
190		7	Feb.	20	Age	5-3	Unknown Unknown
Sex		male		Color or Race		White	
Occupation		None		Birth-place		Maryland	
Where Residing If not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Hospital Record		How related to deceased			

CAUSES OF DEATH

Primary	Presenile Dementia	How long	about 6 yrs.
Immediate	Lobar Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. B. Clark	
Address		Springfield State Hosp Evansville, Ind.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

